

**Sylvia Bond Nursing Society (SBNS)
Certification Assistance 2 25 08**

Purpose: To provide certification assistance for RNs practicing in central Georgia. Nurses with certifications obtained from national certifying agencies such as American Nurses Association, American Association for Critical Care Nurses, and other national professional organizations, provide a higher quality of patient care. SBNS strives to reduce one of the key barriers to certification; the cost of the exam. *Limited funds are available for a short time only.*

Eligibility: RNs who meet the following criteria:

- current Georgia license
- provide patient care full time (1872 hours or more annually)
- reside in central Georgia. Central Georgia (i.e., defined as Bibb County and surrounding contiguous counties)
- eligible for national certification relevant to current job
- current member of SBNS (can join at the time of application)

Certification Assistance Offered: Certification exam fees may be partially funded or paid in full. Review courses, CEU expenses, exam re-takes and membership in professional organizations are **NOT** compensable by SBNS as they are the responsibility of the applicant.

Application Requirements:

1. Applicant must be a current member of SBNS.
2. Must submit completed application form, as well as a copy of professional membership, if applicable.
3. Must agree to participate in **one** of the following: mentor another nurse to take certification exam, participate in SBNS fund raising task force, participate in Leadership development symposium planning, OR participate in Society membership recruitment.
3. Completed copy of certification/ re-certification application received at least 4 WEEKS in advance of the certification application deadline. (MAIL TO: Sylvia Bond Nursing Society, Peyton Anderson Health Education Center, 877 Hemlock Street, HB 131, Macon, GA 31208)
4. Upon submission of all required materials, applicant will be contacted within one week of SBNS decision. If approved, applicant will be notified when the application and payment have been mailed to national certifying body.
5. Applicants must inform SBNS of any changes in contact information (address or name change), as well as the results of the certification examination.

Applicant Signature/ Date

SBNS Signature/ Date

**Sylvia Bond Nursing Society
Application for Certification Assistance**

Name: _____ Position/job Title: _____
Employer: _____ Department: _____
Work address: _____ Home Address: _____
Day phone: _____ email: _____

Funding Request:

National certification: _____ Name of certifying body: _____

What are the eligibility requirements? _____

How will the certification impact your practice?

Cost of exam: \$ _____

Date application and check need to be mailed (must be at LEAST 4 weeks from application due date) _____

Required participation in SBNS: check ONE

- mentor another nurse to take certification exam
- SBNS fund raising task force or event
- Leadership symposium planning or event
- SBNS membership recruitment planning or event

Required attachments:

- Certification application
- Letter of recommendation from current supervisor
- Copy of professional membership, if applicable
- Check for \$50 to join SBNS if not already a member

For SBNS use:

Date Submitted: _____ Time Received: _____ Date Reviewed: _____

Funding Decision:

Full funding as requested \$ _____

Partial funding \$ _____. Reason: _____

Denied: Reason _____

**Check request _____ check received _____ date check and application mailed: _____
date applicant notified: _____**

Signature(s): _____