



**CERTIFICATION REIMBURSEMENT APPLICATION**

APPLICATION MUST BE DELIVERED OR EMAILED TO BENEFITS ([benefits@erlanger.org](mailto:benefits@erlanger.org)) WITHIN 30 DAYS OF CERTIFICATION COMPLETION.

*All items in each section must be completed before the application will be processed. If "not applicable", mark as "N/A".*

**Section I**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Associates #: \_\_\_\_\_  
Full-time (.85-1 FTE): \_\_\_\_\_ Part-time (.52-.84 FTE): \_\_\_\_\_ Dept./Unit: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**Section II**

Name of Certification Board/Agency: \_\_\_\_\_  
Year (i.e.: 20XX): \_\_\_\_\_

Certification	Date Completed	Exam Cost
		\$

I understand and agree that, in order to receive reimbursement, I must deliver or email this application along with proof of certification and receipt of exam cost to Benefits ([benefits@erlanger.org](mailto:benefits@erlanger.org)) within thirty 30 days of completing the certification.

**Section III**

**Regular full-time and regular part-time associates are required to complete one month of service for each \$33.33 or fraction thereof reimbursed.**

I understand that my employment at Erlanger Health System must continue until the time obligation is fulfilled, or I must reimburse Erlanger Health System for all months' service not worked, including remaining months of service from previous reimbursements. The remaining amount will be paid with interest calculated at prime rate in existence at the time of default, plus one percent. Monthly payments will be calculated over no longer than a 24-month period. Any single default in payment will cause the unpaid balance to be placed with an attorney or agency for collection, and I agree to pay all reasonable legal fees and court costs associated with the collection of the unpaid balance.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Manager, Department Head, Vice President)