



Los Angeles County – Department of Health Services
NATIONAL SPECIALTY AND BOARD CERTIFICATION REIMBURSEMENT

A P P L I C A T I O N

*APPLICATION FORMS MUST BE SUBMITTED FOUR WEEKS BEFORE THE COURSE BEGINS
 INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE PROCESSED

SECTION I. EMPLOYEE INFORMATION

Last Name		First Name	
Employee No.			
Employee Mailing Address	City:	State:	Zip:
Work Facility Name		Work Phone No.	()
Email Address (County)		Cell Phone No.	()

SECTION II. REIMBURSEMENT INFORMATION (PART A)

Title of Certification			
Select One:	<input type="checkbox"/> New Certification <input type="checkbox"/> Recertification		
Select One:	<input type="checkbox"/> National Specialty Certification <input type="checkbox"/> Board Certification		
Certification Description			
		Estimated Fee	\$

IF APPLICABLE

SECTION II. REIMBURSEMENT INFORMATION (PART B: EXAMINATION)

Title of Corresponding Exam for Certification			
Anticipated Date of Exam (MM\DD\YY)			
Comments			
		Estimated Fee	\$

IF APPLICABLE

SECTION II. REIMBURSEMENT INFORMATION (PART C: TRAINING/ COURSE)

Title of Corresponding Training /Course for Certification			
Date (MM\DD\YY)			
Training /Course Description			
		Estimated Fee	\$

Employee Signature		Date		Estimated Subtotal	\$
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SECTION III. TO BE COMPLETED BY SUPERVISOR / NURSE MANAGER

I recommend approval for this employee's application and certify that the employee meets the department's National Specialty and Board Certificate Reimbursement Policy guidelines <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, reason denied:			
Nurse Manager or Supervisor Signature		Date	
Print Name		Payroll Title	

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SECTION IV. TO BE COMPLETED BY FACILITY NURSE RECRUITMENT OFFICE OR NURSING

Employee Last Name		Employee First Name	
Reviewed and approved by Facility Nurse Recruiter or Authorized Personnel: <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, reason for denial:			
Signature		Date	
Print Name		Payroll Title	

Reviewed & approved by CNO or Authorized Personnel:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If NO, reason for denied:		
Signature		Date
Print Name		Payroll Title