

Sylvia Bond Nursing Society (SBNS)

Certification Assistance

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 three (3) year or lifetime 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 three (3) year or lifetime 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 **two** of the following with a signed commitment letter:
 - Mentor another nurse to take certification exam
 - Participate in SBNS fundraising task force (assignments made by SBNS Board)
 - Participate in Leadership development symposium planning
 - Participate in Society membership recruitment event
4. Completed copy of the Event Participation Form.
5. Completed copy of certification/re-certification application received at least FOUR (4) WEEKS in advance of the certification application deadline. *MAIL TO: Ruth Lockaby – Administration, Medical Center of Central Georgia, 777 Hemlock Street, MSC 105, Macon, GA 31201*
6. Upon submission of all required materials, applicant will be contacted with the SBNS decision. If approved, applicant will be notified when the application and payment have been mailed to the national certifying body.
7. Notify Ruth Lockaby (633-7920) of certification testing date within 90 days and provide certification exam results as soon as possible.
8. Applicants must inform SBNS of any changes in contact information (address or name change), as well as the results of the certification examinations.
9. Copy of certification must be sent to Ruth Lockaby within 30 days from test date*. *MAIL TO: Ruth Lockaby – Administration, Medical Center of Central Georgia, 777 Hemlock Street, MSC 105, Macon, GA 31201*

*Note: SBNS must be notified if you fail to obtain certification and plans to take examination again.

Applicant Signature/Date

SBNS Signature/Date

Sylvia Bond Nursing Society (SBNS)
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 TWO

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

Required attachments:

- Certification application
- Signed Commitment letter
- Letter of recommendation from current supervisor
- Copy of professional membership, if applicable
- Check for \$125 (3 year membership) or \$650 (Lifetime membership) to join SBNS, if not already a member
- First time members only: T-Shirt Size _____

FOR SBNS USE:

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

Funding Decision:

- Full funding as requested \$ _____
- Partial funding \$ _____ Reason: _____
- Denied: Reason _____

Check request: _____ **check received:** _____ **date check & application mailed:** _____

Date applicant notified: _____

Date of testing: _____ **Test Results:** _____

First time member T-shirt provided date: _____ **Pin provided date:** _____

Signature(s) / Date _____