



For more Information visit our website: [www.healthcareerfund.org](http://www.healthcareerfund.org)  
CALL THE TRAINING FUND OFFICE WITH ANY QUESTIONS: 425-255-0315

## RN Specialty Certification or Recertification Reimbursement Instructions

**Standard processing time for complete packet: 10 business days**

### **Eligibility:**

Employees in the RN bargaining unit who have passed their probationary period (generally 90 days) at the time of purchase of their Specialty Certification or Recertification.

### **Benefit:**

The RN Specialty Certification and Recertification benefit provides up to \$300 per calendar year based on FTE. Employees with an FTE of 0.75 or above are eligible for up to 100% of the \$300 per year. Employees with an FTE of 0.5-0.74 are eligible for up to 75% of \$300 or \$225. Employees with an FTE of 0.49 or below may receive 50% or \$150.

### **What is covered:**

Specialty certification exam fees or recertification costs.

### **Required back up documents are described below:**

#### **Certification or Recertification *by exam***

Must submit documents showing proof of payment and completion of the exam/certification. Your proof of payment must include your name, the name of the sponsoring organization that was paid, the amount paid and the date paid. Your materials must demonstrate that you not only paid for -- but actually completed -- the exam/certification. *Your benefit will pay for your exam costs regardless of pass/fail outcome.*

#### **Recertification by any means *other than exam***

Must submit documents showing proof of payment and evidence of recertification in your name. Your proof of payment must include your name, the name of the sponsoring organization that was paid, the amount paid and the date paid.



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## RN Specialty Certification or Recertification Reimbursement Form

**Standard processing time for complete packet: 10 business days**

Return your completed reimbursement request form and all required back up documents to:  
[members@healthcareerfund.org](mailto:members@healthcareerfund.org) or fax (425) 255-0347

### Employee Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best contact number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employee ID: \_\_\_\_\_

### RN Specialty Certification/Recertification Information:

This is a (check one) New Certification  Recertification

Name Certification/Recertification \_\_\_\_\_

Sponsoring/Certifying Organization: \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

### Employee Signature:

Under penalty of perjury, I state that the information provided is correct. By signing this form, I approve the Training Fund to issue funding on my behalf.

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