

Health Care Specialist (ARNP or PA-C) Certification & Recertification Premium Application Form

Date: _____ Employee Full Legal Name (print): _____

Email Address: _____ Box Number: _____

Employee ID Number (Please do not use SS#): _____
(To obtain Employee ID Number, see your ID badge or visit Workday – click on the cloud icon in the upper right, then select View Profile)

Your Title (Check Box): Health Care Specialist Health Care Specialist Lead

Manager's Name: _____ Unit(s): _____

Certification Title: _____ Expiration Date: _____

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Checklist for Submitting Certification Documents:

- ✓ Application Form
- ✓ Copy of original certification that includes name, specialty of certification, and expiration of certification
- ✓ Forward to Nursing Recruitment and Retention:
 - (preferred method) Scan and e-mail to hmcnurse@uw.edu
 - Fax to 206-744-9923 *DIAL THE FULL FAX NUMBER (not an extension) EVEN IF FAXING FROM A HOSPITAL FAX MACHINE. ***When faxing, please also call Nurse Recruiting at 744-9240 to verify receipt of the paperwork.**
 - Bring to Pat Steel Bldg., suite # 2100 (HMC Human Resources/nursing recruiting)

I agree to the terms listed below and understand it is my responsibility to submit certification and renewal documentation in order to maintain my eligibility and to continue receiving this premium pay.

Signature: _____

- For additional information call Nursing Recruitment/Retention 206-744-9240 or email hmcnurse@uw.edu
- Certification Premium will be removed when certification expires if renewal documentation is not submitted.
- If you are not eligible for certification pay, you will be contacted by Nursing Recruitment/Retention.

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Disposition (Nursing Recruitment/Retention to complete)

Date Received: _____

Approved: (Documentation sent to Payroll/Copy to Staffing Office)

Effective Date: _____

Not Approved (Reason): _____