

BSN Premium Application Form

Employee Name (print): _____

Former Name: (if changed since degree received) _____

I attest that this was my legal name when I graduated _____

Signature Required

Employee ID# _____

(Your EID Number is on your photo ID badge or visit Workday – click on the cloud icon in the upper right, then select View Profile)

Email Address: _____

Your Title: RN2 ____ RN3 ____ Unit/Clinic: _____

Highest Nursing Degree Received: _____

Year Degree Received: _____

Name of School: _____

Checklist for Submitting BSN Premium Documents:

- ____ This application form
- ____ **Copy** of diploma or transcripts clearly listing BSN/higher degree
- ____ Submit to HMC Nursing Recruitment in person, via email, or via fax

In Person - Pat Steel Bldg., suite #2100 between 8am & 5pm M-F -- **Email** - hmcnurse@uw.edu
Fax – 206-744-9923 *DIAL THE FULL FAX NUMBER (not just the extension)

Additional Information

- The BSN premium will be effective on July 1, 2018.
- To ensure you begin receiving the premium on July 1, this form and supporting documentation **must be received by the close of business on Friday, June 2, 2018.**
- If materials are received after June 2nd, the premium will be effective on July 16, 2018, or the date the materials were received – whichever is later.
- An email confirmation will be sent to you, confirming your materials have been received.
- If you do not receive an email confirmation within 10 business days please contact HMC Nursing Recruitment at hmcnurse@uw.edu.
- If you have additional questions, contact Nursing Recruitment at 206-744-9240 or hmcnurse@uw.edu

I agree to the terms listed below and understand it is my responsibility to submit the required documents **directly** to **HMC Nursing Recruitment**.

Signature: _____ Date _____

Disposition (HMC Nursing Recruitment to complete)

Date Received: _____ Recv'd By: _____

Email sent to employee: _____ Emailed By: _____