

**Loyola University Health System
Nursing Education Stipend Application**

Background Information:

Name:	
Address:	
City, State, Zip:	
Home phone:	Cell phone:

Work History:

Date of Hire:	Job Title:
Manager:	Unit/Department:
Work extension:	
Email address (required):	

Application For:

- Presenter Certification Recertification Conference/course

Briefly describe the event and explain why you would like to attend:

- Dollar amount requested: _____

Employee Acknowledgement:

I agree that I will provide an educational in-service/poster upon returning from the event to share the information/knowledge that I have learned with my fellow nursing staff.	
Employee signature:	Date:

Manager Acknowledgement:

Employee is currently in good standing, free of corrective action/work improvement for 12 months.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Event is appropriate for job description.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manager signature:	Date:	

Return this application to Lucy Carbonaro, Rm 1328, Bldg. 104. Please follow directions on Nursing Education Stipend Guidelines form. Any questions, contact Barb Hering at bhering@lumc.edu 9/09