

## Lori Hughes Education Award

### APPLICATION FOR STIPEND

To encourage all members to become certified and to join the National Association for Healthcare Quality (NAHQ), the LAHQ Board of Directors offers stipends for both the "**State**" review course and the **Certification Exam**. The number of stipends will be determined by the Board of Directors and will be based on the finances available.

The stipend for the **State review course** may cover one and no more than three members. **The financial stipend** (amount to be determined by the Board of Directors) may also cover one but no more than three members who successfully pass the exam. **Please, if you are not chosen this year, plan to apply next year.**

#### Policy regarding nominations & recipient(s)

- a. Recipient(s) must be an ongoing LAHQ member for two years.
- b. Members must apply for the stipend by **February 15** of each year.
- c. The application form will be posted on the Webb site.

Please use the remainder of this application to tell us how you meet the above requirements. Please email it to [lhughes38@eastex.net](mailto:lhughes38@eastex.net)

NAME: \_\_\_\_\_

(check what you are applying for)

\_\_\_ I am applying for a stipend to take the State Review Course.

\_\_\_ I am applying for a stipend to take the exam for certification. I understand a documented passing score is required to receive the funds.

Please complete the following information:

Years of membership in LAHQ \_\_\_\_\_

Member on NAHQ \_\_\_ No \_\_\_ Yes \_\_\_ Number of years

**Member of LAHQ Board indicate the # of year(s) served:**

President \_\_\_\_\_ President Elect \_\_\_\_\_ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_ Parliamentarian \_\_\_\_\_

Regional Representative \_\_\_\_\_ What Region \_\_\_\_\_

**Ad-Hoc Board Member:**

Membership Chairman \_\_\_\_\_ Nominations/Elections Chairman \_\_\_\_\_ Legislative Liaison \_\_\_\_\_ LHCR Liaison \_\_\_\_\_

Education Chairman \_\_\_\_\_ Member of Education Committee \_\_\_\_\_

**Officer at the Regional Level indicate the year(s) served:**

President \_\_\_\_\_ VP Education \_\_\_\_\_ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_ Member of Regional Education Com \_\_\_\_\_

Please tell us why you feel that CPHQ Certification is important to you. (**Minimum 250 words**)

