VDH-OHE-MARY MARSHALL NURSING SCHOLARSHIP PROGRAM
2022 APPLICATION-CERTIFIED NURSES ASSISTANCE (MMNSP-CNA)

VERIFICATION OF CERTIFICATION

The applicant must upload the final document at the time of application.

Section 1: Applicant- **To be completed by the applicant**

I,_____ authorize my Employer/School to provide the affiliation facility information requested by the Virginia Department of Health, Office of Health Equity (VDH, OHE.)

Signature of the Scholarship Recipient | Social Security Number | Date

Graduation Date/Anticipated | Name of Scholarship | Home Address | Email & Telephone Number

Employer or School: _____

Address: _____

Phone Number: _____

Employer or School Contact & Email: _____

Section 2: Completion & Licensure **To be completed by the Applicant **Only if** the Applicant has completed & obtained licensure **

I, _____ as an applicant of the Mary Marshall Nursing Scholarship Program, I certify that I have completed and passed all the required examinations (practical and written) and have attached proof. If pending, please upload proof within two month of licensure.

Section 3: Employer **To be completed by Applicant's employer **Only if** employed/Anticipated employment is secured **

Employment Start Date: _____ **Employment End Date** ☐ N/A - In School

Employment Anticipated Start Date and End Date (*if enrolled or attending school*)**:** _____ _____

☐ I do not have an anticipated employer

Section 4: School ** To be completed by the Applicant's school **Only if** the applicant is enrolled or attending school. **

School Name: **School Start Date:** **Graduation Date/Anticipated**

Section 5: Employer or School **To be completed and signed by the School or Employer (whomever completed section 3 or 4) **

I attest that the above listed applicant is affiliated with _____
Employer/School and the applicant has completed or agreed to complete the CNA program and/or has served or agree to serve a one-year obligation with the above name Employer. *Proof of obligation will be requested every six month. In the event that the applicant is no longer employed with the employing facility for the applicant's full one-year obligation, or if the applicant is not able to complete the CNA program, please contact VDH.*

Name of Certifying Official/Administrator | Title

Signature of Certifying Official/Administrator | Date