



NMAMSS SCHOLARSHIP APPLICATION

NMAMSS PROFESSIONAL CERTIFICATION SCHOLARSHIP PROGRAM

The New Mexico Association Medical Staff Services has established The Professional Certification Scholarship Program to assist its members in obtaining the National Association Medical Staff Services Certified Provider Medical Services Management (CPMSM), Certified Provider Credentialing Specialist (CPCS), or Certified Provider Enrollment Specialist (CPES), Certification.

Two scholarships per year will be awarded and will cover the cost of the exam only. While the Professional Certification Scholarship Program is overseen by the NMAMSS Scholarship Committee, the final selection is made by the NMAMSS Board of Directors based upon the following requirements.

Eligibility for Scholarship:

1. Current NMAMSS member.
2. Provide documented proof of CPMSM, CPCS or CPES eligibility and exam date.
3. In addition to the completed Scholarship application, please provide a cover letter which includes your professional and educational goals.
4. A letter of support from the applicant's supervisor.
5. If selected as a scholarship recipient, proof of payment is required for reimbursement.

Return the Scholarship Application and accompanying documents to:

NMAMSS Board of Directors

E-mail Address: nmamss@gmail.com



Date: _____

Name: _____

Facility Name: _____

Facility Address: _____

Mailing Address: _____

Contact Phone: () _____ Alternate Phone: () _____

Current Position: _____

Months or Years in Field: _____

Certification anticipated: ☐ CPMSM ☐ CPCS ☐ CPES

Preferred mailing address to have funds mailed to: ☐ Facility Address ☐ Mailing Address

Does your employer provide benefits that would cover the cost of the NAMSS Certification Exams?

☐ Yes ☐ No

Are you currently a member of the National Association Medical Staff Services (NAMSS)?

☐ Yes ☐ No

Required Attachments:

- Proof of eligibility and scheduled date of exam.
- Cover letter including professional and educational goals.
- Letter of support from supervisor.
- CPCS/CPMSM/CPES Exam Receipt.

Applicant Attestation

I certify that this application is accurate and complete. By signing this application, I hereby acknowledge that if I am awarded this NMAMSS Scholarship I am obligated to complete the Certification Application process and forward the Scholarship payment accordingly. Should I default on completing the exam, I will be responsible for reimbursing NMAMSS the funds that were awarded.

Print Name _____

Applicant Signature _____ Date _____