



Operational Policies and Procedures

Attachment A-2

Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Examination Scholarship Application

Certification Exam Timeframe: ___ Spring or ___ Fall

Criteria for CPMSM or CPCS Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Examination Scholarship:

1. Must be an Active GAMSS member in good standing for at least 12 months;
2. The member’s institution must be unwilling/unable to fund the cost of the certification examination (which will be confirmed by GAMSS);
3. Must be a paid participant of the Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group;
4. Must complete a 300-word typewritten statement detailing the member’s desire to become certified and how certification will benefit the member both personally and professionally.
 - a. Applicants will be measured on commitment towards educational growth as a medical staff/credential services professional, sincere enthusiasm and support for the goals of GAMSS, and future benefits to GAMSS resulting from certification assistance.

Applicant Name: _____

Institution: _____

Address: _____ City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Supervisor’s Name & Phone Number: _____

I attest that I have been employed for ____ months, ____ years as a Medical Staff Services/ Credentialing Services professional. I hereby request consideration of my application for GAMSS scholarship funds. I have enclosed the required statement, and attest that the information provided is true and correct. I recognize that the GAMSS Selection Committee reserves the right to withhold awarding a scholarship at any time. I further recognize that, if awarded the certification examination scholarship that I will be required to pay the examination fee(s) and will be reimbursed the cost of these fees upon documentation of successfully passing the certification examination.

Applicant’s Signature: _____ Date Signed: _____

E-mail this form and statement to the GAMSS Secretary:

Susan Lowry, CPCS, Credentialing Services Supervisor, Medical Staff Services

Children’s Healthcare of Atlanta

1584 Tullie Circle, Atlanta, GA 30329

Phone: 404-785-7487; FAX: 404-785-9168 Email Address: susan.lowry@choa.org

*This form and required statement must be received by the Secretary no later than April 1 (for the Spring Examination) or August 1 (for the Fall Examination). Confirmation of application receipt will be provided.