GUAM MEMORIAL HOSPITAL AUTHORITY
ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN
850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508

MEMORANDUM
(For Professional Support employees, please route to Assistant Administrator of Professional Support)
(For Nursing Services employees, please route to Assistant Administrator of Nursing Services)

TO: Assistant Administrator

FROM: _____

SUBJECT: Application for Certification Pay
RE: GMHA Policy No. A-HR2100

Hafa Adai! Submitted for your review and approval is my request for certification pay pursuant to GMHA Policy No. A-HR2100, Licensure, Certification, Registration and Education Verification

Employee Name: _____

Position Title: _____

Department: _____

Employee Payroll No.: _____

Description of Certification – Name: _____

Credential: _____

Organization: _____

Website: _____

Validity Dates - From: _____ Expires: _____

Eligibility Requirements: _____

_____

I certify that in addition to meeting the eligibility requirements stated above, a requirement to be certified is to take and pass a one-time written examination and to obtain annual continuing education credits in order to be recertified.

Employee Signature: _____ Date: _____

Approved by:

_____ _____
Assistant Administrator of Professional Support Date

_____ _____
Assistant Administrator of Nursing Services Date

Concurred:

_____ _____
Joleen M. Aguon, MD Date
Interim Hospital Administrator/CEO