



# GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT 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 Asst. Admin of Pro. Support)

(For Nursing Services employees, please route to Asst. Admin of Nursing Services)

TO: Associate 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:

\_\_\_\_\_  
Associate Administrator Date

\_\_\_\_\_  
Asst. Admin. Professional Support Date

\_\_\_\_\_  
Asst. Admin. Nursing Services Date

Concurred:

\_\_\_\_\_  
Lillian Perez-Posadas, MN, RN  
Hospital Administrator/CEO

\_\_\_\_\_  
Date