

## INTEGRIS HEALTH

### Nursing Academic Loan Application

CHECKLIST – Before submitting your application, please be sure that you have completed and included the following:

- Application Form
- Verification of Admission to College/University  
**Example:** Acceptance Letter, and/or Tuition Payment Receipt
- Verification of Enrollment with Class Listings for Fall or Spring Semesters  
**Example:** Unofficial Transcript with the courses' name and credit hours
- Completed Clinical Director/Department Manager Reference Form
- Completed Clinical Director/Department Manager Attestation Form (**Post-Graduate Nursing degree only**)
- Statement of Professional Goals (Less than or equal to 1 type-written page)
- Signed Agreement and Release form

APPLICATION DEADLINES:

- Spring Semester—December 1<sup>st</sup>
- Fall Semester—July 1<sup>st</sup>

**Notification of awards will be made to qualified program applicants on or before September 1<sup>st</sup> (Fall Semester) or February 1<sup>st</sup> (Spring Semester).**

Please send all applications to:

**Judy Blalock, INTEGRIS Health Careers Education Specialist**

INTEGRIS Health

Nursing Education and Research 100-7377

3400 NW Expressway Building C Suite 602

Oklahoma City, OK 73112

**For questions regarding the application:**

**Ashley Jones, MSN, RN CMSRN**

**INTEGRIS Nursing Academic Loan Advisor**

**Office: 405-212-2114**

**[Ashley.jones@integrisok.com](mailto:Ashley.jones@integrisok.com)**

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#### Target Population:

- INTEGRIS Health RN employees returning to school for **BSN, MSN (Administration, Education), DNP (Administration or Education) or PhD (Education)**.

#### Financial Assistance Amounts:

- Enrolled in < 6 hours- maximum of **\$250 / semester**
- Enrolled in 6 hours or more - maximum of **\$500 / semester**
- Total program cap - **\$4,500 per degree**
- Financial assistance will only be given for academic credits required by the accredited program in which the participant is currently enrolled.

#### Work Commitment Requirement:

- 1040 hours for every \$1000 received (6 months Full Time or 1 year Regular Part Time)
  - For nurses working at **least 20 hours per week while in school, work commitment will be fulfilled** throughout the semester for which a stipend was received (no work commitment at completion of education).

#### Application Requirements:

- Application form.
- Verification of admission in BSN, MSN (education, administration,), DNP (administration or education) or PhD (education) program or prerequisites.
- Verification of enrollment- unofficial transcript with courses' name and credit hours
- Reference and attestation form from the Clinical Manager/Supervisor
- Statement of professional goals.
- Signed Agreement and Release.

#### Program Requirements:

- **Minimum of a 2.5 grade point average** upon application and throughout the academic program.
- Participants must show proof of payment to the academic institution in which they are enrolled before additional funds are awarded.
- Participants must **provide copy of their transcript at the end of each semester** before additional funds are awarded.

- Employees must have at least a **“Performs as Expected” performance appraisal** and must not be under any disciplinary action upon application and throughout the academic program.
- Program participants must fulfill work commitment throughout the term of the program or upon completion of education.
- If any of these requirements are not met, the participant **may be placed on probation or may be terminated from the program.** If termination occurs, the recipient will be required to pay back all funds awarded.

In addition to the Nursing Academic Loan assistance, FT and RPT INTEGRIS Health employees (1-year minimum employment) are also eligible to receive education reimbursement according to policy SYS-HR-140 and the student loan repayment program (*note: acceptance various on program requirements*)

## INTEGRIS HEALTH

### Nursing Academic Loan Application

#### Frequently Asked Questions (FAQ)

1. When applying for Nursing Academic loan what if I don't have all the requirements for my application by the due date?  
**Submit all the completed documents you have by the due date to the designated address on the application form. Place a visible note of what documents are missing on the front of the application. You will be notified of a deadline to submit your missing documents.**  
Example: References, Transcript
2. Do I have to pay the money back from Nursing Academic Loan?  
**If you are a full time or regular part time employee with INTEGRIS you do NOT have to pay back the financial assistance you receive from Nursing Academic Loan if you work the entire semester for which you have received payment. If you work less than 20 hours/week then there is a work commitment associated with the financial assistance received. (1040 hours for every \$1000 received).**
3. Can I apply for the SYS-HR-140 Tuition Reimbursement or other financial assistance programs along with Nursing Academic Loan?  
**Yes, the SYS-140-HR Tuition Reimbursement program is through the Human Resources department. Any full time or regular part INTEGRIS employee may apply for reimbursement for various degree paths even outside of nursing program. The amount of existing financial assistance you have does NOT affect your acceptance into the program.**
4. My classes are all online and are 8 weeks, how would I be reimbursed?  
**Nursing Academic loan stipends are for the Spring and Fall semesters only. You would submit your planned course schedule for the fall between (August- December) and spring (Jan-May). If you prove that you are taking 6 credit hours in that time frame you will be reimbursed accordingly (\$500). You can also utilize the SYS-HR-140 Tuition Reimbursement program to compensate for outlier courses that don't fall in those timeframes. You would submit the SYS-HR-140 Tuition Reimbursement application within 90 days of completion.**
5. Do I have to re-apply every semester?  
**No, you do NOT need to complete the Nursing Academic loan application every semester. You need to submit your grades from the previous semester and the upcoming semester**

**enrollment (unofficial transcript meets this requirement) to Ashley Jones ([ashley.jones@integrisok.com](mailto:ashley.jones@integrisok.com)).**

6. When do I get reimbursed?

**For the fall semester, if you submit your required documents on time you can expect to receive your stipend as a direct deposited check in September. You can expect your spring stipend to be reflected as a direct deposited check in February.**

7. I am an employee with INTEGRIS but this is my first nursing degree, may I apply?

**No, this program is for registered nurses returning back to school to advance their nursing degrees. If this is your first nursing degree you may apply for the Health Careers program and the SYS-HR-140 Tuition Reimbursement program.**

8. Are my pre-requisites covered in Nursing Academic Loan?

**If the course is required to complete your nursing degree, it may be included in your check stipend. However, elective courses will NOT be covered.**

Example: Tennis, Spanish etc.

9. What happens if I fail a course or nursing school?

**If you fail a course, you do NOT need to re-apply to the program, but you will NOT receive financial assistance to retake that course. If you fail out of nursing school, your application will be placed on a "Hold" status for one semester for you to be re-admitted to another program, and you will NOT receive financial assistance to retake courses. Contact Ashley Jones ([ashley.jones@integrisok.com](mailto:ashley.jones@integrisok.com)) if you need your application placed on "Hold" for any reason.**

10. What if my degree plan is RN-MSN but my MSN is not covered in the program?

**Nursing Academic Loan will give you financial assistance for courses related to the BSN track of your degree plan. Once completed and you begin the MSN portion you will NOT receive financial assistance through the program, but you can apply for the SYS-HR-140 Tuition Reimbursement program for the MSN courses.**

11. What if my plan is a business degree in hospital administration?

**The Nursing Academic Loan application is only for INTEGRIS health RN employees pursuing an advanced nursing degree. Therefore, you will NOT receive financial assistance through the program, but you can apply for the SYS-HR-140 Tuition Reimbursement program for financial assistance.**

## INTEGRIS HEALTH

### Nursing Academic Loan Application

#### Frequently Asked Questions (FAQ) Part 2

12. What if my degree plan is an MSN in Family or Acute Practitioner?

**For all applicants pursuing a post graduate nursing degree, the clinical director and CNO consortium will make final determinations regarding acceptance into the Nursing Academic Loan program. Please verify that you have completed your professional goals statement. In addition, your clinical director/manager will complete an attestation form verifying that they have discussed your plans/goals with you.**



## INTEGRIS HEALTH Nursing Academic Loan Application

**Name:**

\_\_\_\_\_  
(Last) (First) (M.I.)

**Address:**

\_\_\_\_\_  
(Street) (City) (State) (Zip)

**Cell Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**INTEGRIS HEALTH EMPLOYEE** Title: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Department Name and Cost Center \_\_\_\_\_

Department Manager/Supervisor:  
\_\_\_\_\_

Department Telephone Number:  
\_\_\_\_\_

**ACADEMIC INFORMATION:**

University Name: \_\_\_\_\_





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**STATEMENT OF PROFESSIONAL GOALS:** Please answer the following questions and limit to no more than a one-page typewritten form.

1. Why did you choose this profession?
  
2. Please describe your professional goals following completion of the nursing academic program. How do you wish to accomplish these goals as an INTEGRIS HEALTH Employee?
  
3. Have you discussed these career goals with your clinical manager/supervisor? (Please have your clinical manager complete the attestation statement form, see next page)

**REFERENCES:** Please list the name, facility/unit, and telephone number of your current manager or supervisor

1. \_\_\_\_\_  
Name

\_\_\_\_\_

Telephone Number Facility/Unit

Please include the completed Personal Reference forms from your Clinical Manager (in a sealed envelope) with your application.

## INTEGRIS HEALTH Nursing Academic Loan Application Clinical Manager/Supervisor RECOMMENDATION FORM

**APPLICANT NAME:** \_\_\_\_\_

**How long have you known this applicant?** \_\_\_\_\_

**Rating of applicant: Check the column of the term that is applicable.**

- INTEGRIS HEALTH Managers/Supervisors: As the applicant’s manager/supervisor, I declare that he/she is currently in good standing and has not had any disciplinary action within the last 12 months at INTEGRIS.**

**Review of Professional Performance:**

	<i>EXCEPTIONAL</i>	<i>GOOD</i>	<i>AVERAGE</i>	<i>NEEDS IMPROVEMENT</i>	<i>UNSATISFACTORY</i>
Exemplifies Love— Always Serving Others with a Caring Heart					
Exemplifies Learn— Always Striving for Excellence					
Exemplifies Lead— Always Leading by Example					
Management and Delivery of Patient Care demonstrating sound clinical judgement					
Demonstrates intentional caring and engages with patients and families					
Promotes Patient Safety and Quality measures					
Demonstrates Teamwork					
Exhibits Professionalism in Practice					

**Do you recommend this employee to receive Nursing Academic Loan funds?    Yes    OR    NO**

**NOTE: A signature and contact information is required in order for this reference to be accepted.**

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_

**INTEGRIS Nursing Academic Loan Application  
Clinical Manager Attestation FORM**

**APPLICANT NAME:** \_\_\_\_\_

**Clinical Manager's Name:** \_\_\_\_\_

1. Have you discussed the applicant's career goals?

**Yes**

**No**

2. Does the applicant intend to remain at INTEGRIS HEALTH post-graduation?

**Yes**

**No**

3. Can you confirm if there will be an available position to accommodate the applicant's career goals?

**Yes**

**No**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## INTEGRIS HEALTH NURSING ACADEMIC LOAN APPLICATION

**AGREEMENT AND RELEASE:**

I \_\_\_\_\_, have read the Education Assistance Guidelines and understand the terms and conditions for receipt of financial assistance. I agree to execute all necessary written agreements and releases in the event that I am offered and accept financial assistance from INTEGRIS Health.

I understand that submission of this application in no way guarantees financial assistance or a guarantee of employment by INTEGRIS Health or any of its subsidiaries (collectively referred to herein as "INTEGRIS Health").

I certify that the information on this application is accurate and complete without omission. I understand that the Education Assistance Committee of INTEGRIS Health, retains sole discretion on who shall be offered assistance and shall not be liable in any respect if financial assistance is not granted to me or if granted, is withdrawn for any reason including but not limited to false statements, answers, or omissions made by me in this application.

I hereby authorize the release of the Education Assistance Committee of any information regarding my educational history, grades, degree, work history, or personal characteristics by my current employer, schools, and persons listed to submit a personal reference and hereby knowingly and voluntarily release said employers, schools, or persons from all liability or damage which may result from the release of this information.

I hereby knowingly and voluntarily release INTEGRIS Health, the Education Assistance Committee, and all officers, directors, employees, agents or members of any such entities, from any and all liability or damage which may result from the use of this information for any purpose related to this application, any financial assistance I may subsequently receive or my employment with INTEGRIS Health.

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**DATE**

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**SIGNATURE**

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**PLEASE PRINT OR TYPE NAME**



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