Scholarship Application

for Members of

American Institute of Healthcare Compliance

445 W. Liberty Street * Suite 100 * Medina, OH 44256

Toll Free: 866-571-5635
Cleveland/Akron Call: 330-241-5635
Fax: 330-952-0716
www.aihc-assn.org

AIHC Scholarship
Overview of the Application Process

Scholarship funds may be available to eligible members of the American Institute of Healthcare Compliance (AIHC). If you are not a member, membership is required prior to submitting your application.

Membership is automatically obtained upon enrollment to any AIHC online, distance learning or training camp program.

Eligibility and criteria for the scholarship award is detailed below. Applicant's criteria are reviewed by the Scholarship Committee. Funds are awarded based on: a completed application, letter written for consideration, reference letters, and funds available. Please read the application carefully and fill out all required information or your application processing could be delayed.

Your written letter is extremely important and should express why you should be awarded funds. Please proof-read for grammatical errors and punctuation. Your letter should clearly state how your scholarship award for course certification will be used to benefit the community and the health care industry. Letters should be no more than two (2) pages single spaced, but not less than one (1) page single spaced.

If you have any questions, please contact us at info@aihc-assn.org or call 1-866-571-5635. We look forward to reviewing your application.

American Institute of Healthcare Compliance

Greta Fees, Shannan Leiser-Grimpe, Robert Pattison

Scholarship Committee

Application Instructions

Only complete applications will be considered

Eligibility:

- Must be a resident in the United States
- Must be 18 years or older
- Primary employment is working in a health care facility, third-party medical billing company, insurance payor or other medical field where health care management, auditing, coding and billing is conducted or unemployed with health care experience
- Primary employer does not offer tuition reimbursement for certification preparatory programs (i.e. the applicant would qualify if working for an employer that will pay only for college curriculum course)
- Registration for a course ready to start within the next three (3) months or already enrolled in an eligible program (see below)

Criteria to Apply:

- Complete the Scholarship Application below
- Write a letter stating why you should be considered for the scholarship of no more than two (2) pages single spaced, but not less than one (1) page single spaced
- Pay a scholarship application fee of $35.00 to cover cost of criminal and OIG background check
- Completed evaluation from employer (see attached pages)
- Attach two (2) letters of professional reference

Selection Criteria:

Applicants will be selected as finalists on the basis of: application, letter stating why funds should be considered, related accomplishments and reference letters. Finalists may be invited for a telephone interview with members of the Scholarship Committee.

Applications Accepted Daily Throughout the Year

Scholarship applications together with all related documentation must be complete and sent to the address below. The Scholarship Committee meets monthly to review applications.

Return this entire information packet by mail with your name printed at the bottom of each page to:

AIHC Scholarship Committee
445 W. Liberty Street, Suite 100
Medina, OH 44256

Please print your name at the bottom of each application page when submitting for consideration.

Eligible Programs:

- Compliance or Coding Exam prep program offered by American Institute of Healthcare Compliance (AIHC)
- Course may be classroom, distance learning, or web-based with online course manager

Scholarship Determination

The information above will be evaluated and a numeric rank will be assigned to each element to score and statistically compare each candidate.

Each candidate will be verified on the Office of the Inspector General (OIG) website to ensure that he/she is not listed on the Exclusions List. Any person found on the Exclusions List is automatically disqualified. A National Criminal background check will be done on final candidates and findings taken into consideration by the Scholarship Committee.

Scholarship Award Amounts

Funds are discretionary. Scholarships are awarded according to funds available. The following factors are taken into consideration when the amount is determined when a scholarship is awarded:

- The type of education program the applicant is pursuing
  - Coding certification scholarships will be awarded in amounts up to $500.00, contingent upon the cost of the program and availability of funds
  - Advanced level training, such as certification in compliance or auditing will be awarded in amounts up to $1,000.00, contingent upon the cost of the program and availability of funds

Any questions or concerns can be sent to info@aihc-assn.org or call 1-866-571-5635 and ask to speak with the Program Development Department

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American Institute of Healthcare Compliance

www.aihc-assn.org

APPLICANT INFORMATION

FIRST NAME **LAST NAME** **MI**

_____

Date of Birth: ___/____/_____

Social Security # ____/_____/_____ **(required for background check)**

Current Home Mailing Address:

Telephone Day: /Cell: /Evening:

Email address (please print clearly):

Do you currently hold an AIHC Professional certification? ❑ Yes ❑ No

If yes, which certification(s)? (please list):

Are you currently enrolled as an AIHC student? ❑ Yes ❑ No

If no, are you registered for a program due to start within the next three (3) months? ❑ Yes ❑ No

Applicants must be an AIHC Member AIHC Membership Number:_____

Employer/Company Name/Address: *(if currently unemployed, provide most recent employer and reason for unemployment)*

Hire Date:

Current Occupation/Job Title and length of time you have held this position:

Describe your current duties:

Average hours worked per week: *(check only one)*

- ❑ **1-10 hours**
- ❑ **11-20 hours**
- ❑ **20-30 hours**
- ❑ **More than 30 hours**

Volunteer and Community Service/Activities:

Accomplishments - Honors, Awards or Certifications Received: *(attach copies)*

List two (2) references. Written letter of reference must be included with the application. Provide name, relationship to applicant, day and cell numbers and Email addresses for two (2) professional references.

1. _____
   _____
2. _____
   _____

Are you a legal resident of the United States? ❑ Yes ❑ No

Do you have a criminal record other than minor traffic violations? ❑ Yes ❑ No

Scholarship Applicant's Employer Evaluation Form

Please Submit Directly to the
American Institute of Healthcare Compliance

Primary employer should fill out the following form and send it directly to info@aihc-assn.org or Mail to

AIHC Scholarship Committee, 445 W. Liberty Street, Suite 100
Medina, Ohio 44256

Applicants Name: _____

Employer Name and Individual Completing Form:
_____

Work Telephone Contact Number: _____

*Confirmation of employer evaluations will be made on all final candidates

Please check the best choice:

	Excellent	**Average**	**Poor**
Attendance	no or little time missed	does not use all sick time annually	uses all sick time or more
Attitude	works well with all others	works well with most others	generally does not work well with others
Quality of Work	high accuracy rate	makes some mistakes	needs improvement
Productivity	highly productive	average production rate	low or slow production
Customer Service	clients give compliments	occasional compliments from clients	have received some compliments

Comments:_____
_____
_____
_____

Please Email this form to Info@aihc-assn.org or Mail this form and all required information to:
AIHC Scholarship Committee
445 W. Liberty Street, Suite 100
Medina, OH 44256

Any questions or concerns can be sent directly to info@aihc-assn.org or call 1-866-571-5635.

AIHC SCHOLARSHIP APPLICANT'S ATTESTATION

I, _____, do hereby acknowledge that the information provided on this application is true and complete to the best of my knowledge. I understand that if I am awarded scholarship funds, a confidential national criminal background check will be conducted and taken into consideration by the Scholarship Committee in addition to verification that I am not listed on the Office of Inspector General (OIG) exclusions list. I hereby grant my permission for these investigations and employment performance verification to be performed by the committee.

I understand I must forward the above questionnaire to my current employer and understand my current employment record will be taken into consideration by the scholarship committee.

_____ _____

Signature Date

Submit this application with a one (1) to two (2) page cover letter addressed to the Scholarship Committee stating why you should be considered for the scholarship funds. State your reasons in terms of how your scholarship fund, if awarded, will benefit the community and the health care field.

Application Check List - *Be sure the following items are enclosed with this application:*

- ❑ Completed and signed application
- ❑ Letter stating why you should receive this scholarship (why do you feel you should be chosen over other applicants). Letter should be no more than two (2) pages single spaced, but not less than one (1) page single spaced (grammar, punctuation and content are extremely important)
- ❑ $35.00 application fee (to cover the cost of background check)
- ❑ Completed employer evaluation form (to be sent by employer)
- ❑ Two (2) letters of professional reference, recommendations from employer(s), manager(s) or supervisor(s)