

**Center for Advanced Practice** 

# **APP ASPIRE Program For Professional Development**

#### **Reimbursement Overview**

The APP ASPIRE Program for Professional Development aims to recognize and support outstanding Advanced Practice Providers who demonstrate a commitment to excellence in their professional endeavors. This reimbursement will provide additional professional development funds to selected recipients, which may include conference registration fees, professional development resources, or expenses related to representation of UVA Health at a professional forum. The reimbursement award amount and number of recipients may vary each fiscal year based on available funding and the number of qualified applicants.

#### **Reimbursement Details:**

Number of Awards: 10 awards (3-4 awards per cycle for a total of 10 awards per year)

Application cycle: Quarterly

Reimbursement Cycles:

- 1. August 1st-September 30th
- 2. October 1st-December 31st
- 3. January 1st-March 31st
- 4. April 1st- June 30th

Due Date: September 30th Due Date: December 31st Due Date: March 31st

Due Date: June 30th

Those selected to receive reimbursement will be notified via email no later than 4-6 weeks after the due date of the applied cycle.

# **<u>Reminder:</u>**

If you are selected, please apply for additional reimbursement funds through:

- EPRO (For Medical Center Employees Only) or
- <u>DOCUSIGN</u> (For UPG Employees Only).

Links to both forms can be found via this online application.

**For Medical Center Employees Only:** If you are using this reimbursement program for tuition assistance, you must request it through the Education Benefit request in Workday. If an applicant has already used the \$5,250 provided by the UVAHR Education Benefit, any additional tuition reimbursement will be subject to taxation under tax law.

#### Incomplete applications will not be considered.

**Reimbursement Amount:** up to \$1000 per award (Maximum of 2 awards per fiscal year).

# **Eligibility**

- 1. Applicants must be Full-time employees.
- a. Part-time, Wage, Contractor and Traveler employees are ineligible to apply.
- 2. Hold valid credentials as an Advanced Practice Provider.
- 3. Currently employed by UVA Health/UPG.
- 4. Meets or exceeds expectations based on most recent performance appraisal

#### **Application Requirements:**

- 1. Completed Application Form.
- 2. Complete the application questions. Total word count for all sections combined not to exceed 1000 words.
- 3. One letter of recommendation from a supervisor, colleague, or mentor who can attest to your skills, accomplishments, and potential for future success.
- 4. Current CV
- 5. Proof of enrollment or acceptance into an accredited educational program or abstract/presentation/educational project to be presented, if applicable
- 6. All reimbursement requests must be accompanied by original receipts.

# **Application Questions:**

- 1. Significant achievements or contributions in your current role.
  - a. Describe significant achievements or contributions in your current role as an APP. Please attach a current CV which demonstrates this.
- 2. Reimbursement goals and objectives
  - a. Describe how you plan to utilize this reimbursement to further your career and impact patient care.
- 3. Impact on patient care and healthcare delivery.
  - a. Describe a time in which you had direct and meaningful impact on patient care and/or the healthcare delivery system.
- 4. Community engagement and/or patient advocacy efforts.
  - a. Describe a time in which you demonstrated above-and-beyond community engagement and/or patient advocacy efforts.
- 5. Professionalism.
  - a. Describe a time in which you demonstrated exemplary professionalism in your role as an APP.

#### **Selection Process:**

A selection committee will review all applications and select reimbursement recipients based on the eligibility criteria and selection criteria outlined above. Recipients will be notified via email no later than 4-6 weeks after the due date of the applied cycle.

#### **Application Deadline:**

Please submit the completed application form along with all required documents by the application deadline according to the current reimbursement cycle. Incomplete or late applications will not be considered. For any inquiries or assistance regarding the application process, please contact Kb4ef@uvahealth.org.

### **Contact Information:**

For inquiries or further information about the Advanced Practice Provider ASPIRE reimbursement, please contact Kb4ef@uvahealth.org.