**VHCF PSYCH NP SCHOLARSHIP PROGRAM**

707 East Main Street, Suite 1350 • Richmond, VA 23219 • **www.vhcf.org**  
Phone: (804) 828-5804 • Fax: (804) 828-4370 • email: [info@vhcf.org](mailto:info@vhcf.org)



**Verification of Employment & Accommodation Form**

(*Please send with the application packet)*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize my employer to provide the employment information requested by the Virginia Health Care Foundation.

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Signature of Scholarship Applicant Date

The individual above has applied to the Virginia Health Care Foundation’s (*VHCF*) Psych NP Scholarship Program, which underwrites tuition and fees for attendance at a post-masters certificate program in Psych-Mental Health for eligible nurse practitioners. VHCF requires verification of employment and an indication of accommodations that will be made to allow the applicant to fulfill the classroom and clinical requirements of the educational program. An indication of your intent to employ the individual in a PMHNP role post-program completion is also requested. Thank you.

Executive Director Name:

Place of Employment:

Employer’s Address:

Emails:

Phone Number:

Fax Number:

Applicant’s Position:

Start Date of Employment:

Number of Hours/Month:

Current Salary (annual):

Anticipated Salary during Educational Program:

Please describe the accommodations that you will make in the applicant’s work schedule or percent of effort during the educational program:

Please indicate whether you intend to employ the individual in a PMHNP role after completion of the educational program. If you do, also indicate the number of hours/week anticipated in that role.

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**Employer’s Signature Date**