# Minnesota Association of Medical Staff Services

# 2027 NAMSS CPMSM/CPCS/CPES
# CERTIFICATION SCHOLARSHIP APPLICATION

**PURPOSE:**

To provide the opportunity for an individual to prepare for and take the CPMSM, CPCS or CPES certification examination.

**CRITERIA:**

Applications will be measured by the following guidelines:

1. Must be an active member of MAMSS for at least the past twelve months at the time of the application and remain in good standing when scholarship is redeemed.
2. Must have a minimum of two years' experience as a medical staff services professional at time of application and meet certification eligibility requirements at time of exam
3. Commitment toward educational growth as a medical staff services professional.
4. Demonstrated enthusiasm and support for goals of MAMSS.
5. Must not have been awarded a scholarship by MAMSS within the past three years.
6. Must not have previously declined any scholarship awarded by MAMSS within the past three years.
7. Scholarship recipients must sign up to take exam within twelve months of award date.

**DOCUMENTATION:**

1. MAMSS membership will be confirmed by the Membership Coordinator.
2. A 300-word personal statement of educational goals and objectives.
3. A letter of reference from the applicant's supervisor.

**AWARD:**

Scholarship shall cover the certification exam fee as well approved study materials. Certification reimbursement is contingent upon the recipient passing the examination.

**RECIPIENT RESPONSIBILITIES:** Recipient must register for certification exam and comply with all requirements. Recipient to submit proof of certification once issued, along with receipts for reimbursement to the MAMSS President.

## DEADLINE: February 28, 2027

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**Name:** _____ **Title:** _____

**Employer:** _____ **Phone:** _____

**Email:** _____

**Address:** _____

**Describe your participation or role in MAMSS:** Please list any specific MAMSS activities, i.e., membership on committees, officer, volunteer at Conference, etc.

_____

_____

_____

_____

| Yes | No | |
|---|---|---|
| ❒ | ❒ | I am a current member of the Minnesota Association Medical Staff Services |
| ❒ | ❒ | I have been awarded this scholarship in the previous three years. |

**Number of years in the medical staff services profession:** _____

❒ **I have included all required materials.** Applicants will not be contacted to submit missing items. It is the responsibility of the applicant to submit all required documents.

*I hereby request consideration of my application for the scholarship offered by the Minnesota Association of Medical Staff Services. I attest that the information submitted is true and accurate. I authorize MAMSS to verify my employment.*

**Signature:** _____

**Date:** _____

## DEADLINE: February 28, 2027

## SUBMIT APPLICATION TO:

**Lexie Thorpe, MAMSS President**
**Lexie.Thorpe@hcmed.org**