**A logo for a lighthouse award

Description automatically generated**

**AEIX Risk Management and Patient Safety Advancing Excellence**

**Professional Development Scholarship Application**

**DEFINITION:**

The Lighthouse Risk Management and Patient Safety Scholarships for Professional Development are for team-members who inspire to advance their knowledge and expertise in the field with the intent of utilizing their learnings to promote a safer healthcare environment.

**ELIGIBILITY:**

Risk Management and Patient Safety Professionals that are members of AEIX. “Member” includes any organization (hospital, clinic, long term care, urgent care, behavioral health, outpatient services, etc.) within the member system.

**INSTRUCTIONS:**

1. Complete the application in its entirety.

* In the event of missing or incomplete information, *if* the timeline allows, AEIX will send applications back to the member and request completion and/or clarification of the application.
* Blanks and/or incomplete information may result in disqualification if the deadline for application submission has passed.

1. Applications must be submitted to AEIX in **WORD** format.

* Applications must be completed electronically (typed) and be sent in an editable format (do not scan and send the document or send in a non-editable format such as a pdf).

1. Completed applications should be sent via email, as a WORD document attachment,  with a copy to the organization’s risk management leader, to the following email: [aeixawards@premierinc.com](mailto:aeixawards@premierinc.com).

**DEADLINE FOR AWARD APPLICATIONS IS FRIDAY JULY 18th, 2025**

*It is recommended that applications are submitted well in advance of the deadline as in the event of missing or incomplete information, if the timeline allows, AEIX will send applications back to the member and request completion and/or clarification of the application.*

*Blanks and/or incomplete information may result in disqualification if the deadline for application submission has passed.*

**TIMELINE**

* **5/12/2025** - Application period opens
* **7/18/2025** - Application period closes
* **8/19/2025** - Awards & Grants Subcommittee meeting (review applications and vote on winners)
* **9/16/2025** - Subcommittee recommendations to IAC the slate of winners for approval
* **11/11/2025 – SAC/Board Meeting – final approval of winners**

*Notification of winners/non-winners via U.S. Mail occurs following the SAC meeting.*

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| 1 | Applicant Full **Name:** | Amy Longbottom | | | | 2 | **Date** Application Completed: | 05/13/25 |
| 3 | Applicant **Email:** | Amy\_Monson@trihealth.com | | | | 4 | **Title** of Applicant: | Sr. Risk Administrator |
| 5 | Applicant’s Risk Management System Leader **Name:** | Emily Prem | | | | 6 | **Title** of Applicant’s System Leader: | Asst Genl Counsel for Risk Mgmt |
| 7 | Applicant’s Risk Management System Leader **Email:** | Emily\_Prem@trihealth.com | | | | | | |
| 8 | Member Organization:  (Name of the system) | TriHealth, Inc. | | | | 9 | Member Location:  *Include full address* | 625 Eden Park Drive, Cincinnati, Ohio 45202 |
| 10 | Number of years applicant has been at the organization: | 8 | | | | 11 | Years in Risk Management or Patient Safety Role: | 7 |
| 12 | Education Requested: | To obtain the CPHRM Certification through ASHRM | | | | 13 | Cost of Education: | 950.00 |
| 14 | Date of Education:  (when do you plan on completing the education?) | In the next 12 months | 15 | Where is the education located: | | ☐ Virtual *or*  City: Hamilton  State: Ohio | | |
| 16 | Copy and Paste the link to education here→→  *(if a link is not available, attach information about the education to the email as separate documents)* | | | | https://www.aha.org/career-resources/certification-center/cphrm | | | |
| 17 | Does your organization have a reimbursement program in place for this type of education? | | | | | | Yes No | |
| Notes/Explanation for financial need:  (*i.e. the certification itself is covered by the organization, but the prep-course is not; or – there is no budget for this type of education, etc.)*  There is not a budget for this type of education/certification including the prep | | | | | | | |
| 18 | How does the education support your organization’s strategic goals as it relates to the advancement of healthcare risk management and patient safety?  This will provide me with the education and advanced understanding of all areas of risk management as typically we only cover the medical malpractice part of it currently. | | | | | | | |
| 19 | Describe the potential impact of the education on your organization’s patient safety and risk management programs:  With this education, it will provide me with a better understanding and knowledge of ”Enterprise Risk Management.” | | | | | | | |
| 20 | How does the education align with AEIX’s mission of “*To partner with forward-thinking healthcare leaders to safeguard assets, enhance patient safety, and inspire innovation” and vision of “Through our collective experience and unique expertise, we will provide the leading pathway for managing risk and improving safety in healthcare*”?  The education/certification would help me make more strategic decisions around claims, patient safety, and outcomes to help minimize the risk to our organization and thus AEIX | | | | | | | |

**ATTESTATION:**

**Yes, I (the applicant), attest to the notification of my organization’s Risk Management Leadership of this application and its content.**

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**RD APPLICATIONS IS FRIDAY JULY 18th, 2025**