**A logo for a lighthouse award

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**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:** | Della Sennett | | | | 2 | **Date** Application Completed: | 07/02/2025 |
| 3 | Applicant **Email:** | della.sennett@bhsi.com | | | | 4 | **Title** of Applicant: | Director of Risk Management/Patient Safety |
| 5 | Applicant’s Risk Management System Leader **Name:** | Lynn Kolokowsky | | | | 6 | **Title** of Applicant’s System Leader: | System Vice President, Risk Management & Insurance Services |
| 7 | Applicant’s Risk Management System Leader **Email:** | lynn.kolokowsky@bhsi.com | | | | | | |
| 8 | Member Organization:  (Name of the system) | Baptist Health | | | | 9 | Member Location:  *Include full address* | 1901 Campus Place  Louisville, KY 40299 |
| 10 | Number of years applicant has been at the organization: | Currently 2 years  Prior years with Baptist 20 | | | | 11 | Years in Risk Management or Patient Safety Role: | 28 |
| 12 | Education Requested: | CPHRM Exam Prep Course | | | | 13 | Cost of Education: | $999.00 |
| 14 | Date of Education:  (when do you plan on completing the education?) | October 13 – November 21, 2025 | 15 | Where is the education located: | | ☐ Virtual | | |
| 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.ashrm.org/cphrm-exam-prep-course-virtual-course?gad\_source=1&gad\_campaignid=22674126928&gbraid=0AAAAADw-Zq9lgV60MAsO09a6Jk7CL1Z6z&gclid=EAIaIQobChMI9veTlc2ejgMV2jLUAR0snDmCEAAYAiAAEgIAzPD\_BwE | | | |
| 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 no budget available for the CPHRM Exam Prep Course at our organization. | | | | | | | |
| 18 | How does the education support your organization’s strategic goals as it relates to the advancement of healthcare risk management and patient safety?  The prep exam course includes a wide range of educational topics to help the risk manager gain knowledge to drive the patient safety program throughout the organization. Once the credential is achieved, the creditability of the knowledge is validated and may be more highly respected and received for implementation of patient safety initiatives. | | | | | | | |
| 19 | Describe the potential impact of the education on your organization’s patient safety and risk management programs:  Identification of potential risk issues and RCAs after events occur, help the organization to develop strategies to enhance patient safety programs. Additional education in the field allows the risk manager to strengthen skills to lead risk projects. | | | | | | | |
| 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 CPHRM prep course assists the risk manager to meet each of the AEIX mission components. When knowledge is gained, skills are enhanced which directly benefit the organization’s patient safety program. The risk leader is better equipped to inspire innovation and work collaboratively with others as they gain a broad understanding of risk management. The pre course helps to pull the many aspects of risk management together to form a framework for organizational patient safety program. | | | | | | | |

**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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