**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:** | Kolleen Marie Olivarez | | | | 2 | **Date** Application Completed: | 07/11/2025 |
| 3 | Applicant **Email:** | kolivarez@valleychildrens.org | | | | 4 | **Title** of Applicant: | Quality and PI Coordinator |
| 5 | Applicant’s Risk Management System Leader **Name:** | Nathan Powell | | | | 6 | **Title** of Applicant’s System Leader: | VP & Chief Risk Officer |
| 7 | Applicant’s Risk Management System Leader **Email:** | **NPowell1@valleychildrens.org** | | | | | | |
| 8 | Member Organization:  (Name of the system) | Valley Children’s Hospital | | | | 9 | Member Location:  *Include full address* | 9300 Valley Children's Pl, Madera, CA 93636 |
| 10 | Number of years applicant has been at the organization: | 1.5 years | | | | 11 | Years in Risk Management or Patient Safety Role: | 5 years |
| 12 | Education Requested: | Certified Professional in Healthcare Quality | | | | 13 | Cost of Education: | $1,432.00 |
| 14 | Date of Education:  (when do you plan on completing the education?) | April 2026 | 15 | Where is the education located: | | Virtual *or*  City: Click or tap here to enter text.  State: Click or tap here to enter text. | | |
| 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)* | | | | [CPHQ Prep Package | NAHQ](https://nahq.org/products/cphq-prep-package/) | | | |
| 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 allocated budget for CPHQ certification preparation courses or study materials. Exam fees are considered out-of-pocket expenses and will only be reimbursed upon successful completion. | | | | | | | |
| 18 | How does the education support your organization’s strategic goals as it relates to the advancement of healthcare risk management and patient safety?  Our primary goals in patient safety and risk management are to reduce hospital-acquired infections and prevent harm to our patients. The CPHQ certification, which is endorsed by The Joint Commission, supports these objectives by enhancing knowledge in quality and safety practices. Preparing for and obtaining this certification will help me develop higher-level competencies, enabling me to better identify gaps in care and contribute to meaningful improvements across the hospital. | | | | | | | |
| 19 | Describe the potential impact of the education on your organization’s patient safety and risk management programs:  CPHQ educated staff will have higher levels of competencies to help safeguard our patients through leadership, analytics, improvement and safety efforts. | | | | | | | |
| 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 CPHQ certification aligns closely with AEIX’s mission to “empower healthcare professionals in their quest to reduce variability in care delivery and drive value through improved quality and safety outcomes.” This commitment to advancing healthcare safety and excellence mirrors AEIX’s vision of supporting forward-thinking healthcare leaders. By pursuing CPHQ certification, individuals are better equipped to contribute to these shared goals of enhancing care quality and patient safety. | | | | | | | |

**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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