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| 1 | Applicant Full **Name:** | **Rashonda Kennedy** | | | 2 | **Date** Application Completed: | **07.10.2025** |
| 3 | Applicant **Email:** | **Rashonda.kennedy@bhsi.com** | | | 4 | **Title** of Applicant: | **Regional Director, Patient Safety and Risk Management for BHMG** |
| 5 | Applicant’s Risk Management System Leader **Name:** | **Lynn Kolokowsky** | | | 6 | **Title** of Applicant’s System Leader: | **System VP, Risk Management and 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: | **9** | | | 11 | Years in Risk Management or Patient Safety Role: | **1** |
| 12 | Education Requested: | **Certified Professional in Health Care Risk Management (CPHRM) Prep Virtual Course** | | | 13 | Cost of Education: | **$1099** |
| 14 | Date of Education:  (when do you plan on completing the education?) | **Spring 2026** | 15 | Where is the education located: | **Virtual** | | |

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| 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)* | [**Summary - ASHRM 2025 Virtual Programs**](https://web.cvent.com/event/e7bedaae-c71d-4e21-9082-9470745e39e0/summary) | |
| 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 currently no option in the budget for this type of education.** | | |
| 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 course will reinforce the information I have and continue to learn in this role. Thus, adding an additional layer of support as I move toward certification.** | | |
| 19 | Describe the potential impact of the education on your organization’s patient safety and risk management programs:  **Certification demonstrates a level of expertise in the subject matter and strengthens the organization as a whole.** | | |

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| 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*”?  **Once you obtain a certification, you have to maintain it. This is achieved by staying current with trends in the industry and continued learning. Both of which will help you stay abreast of the best ways to protect assets, improve patient safety, and encourage innovation.** |

**ATTESTATION:**

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