



[Month Day, Year]

Dear [NAME],

I am seeking approval for our [unit/facility/organization] to participate in the Medical-Surgical Nursing Certification Board (MSNCB) [FailSafe Certification Program](#).

This program supports employers who are committed to validating clinical expertise and investing in their employees' excellence. It allows eligible nurses within our facility to apply for any MSNCB certification exam twice within a 12-month period, while only paying for the first attempt. This reduces financial risk and encourages certification completion.

The FailSafe Certification Program is a low-cost, predictable investment that will help us strengthen engagement and retention by supporting [CMSRN](#)® or [CAVRN](#)® certification. With bedside nursing turnover averaging **\$60,090 per RN** in 2025 and med-surg nursing vacancies taking up to **83 days** to fill, preventing even one departure can more than offset the cost of the program. It may also help us reduce vacancy strain, overtime, and disruption to the team.

To help us decide on the package that will best fit our needs, MSNCB shares program expenses based on number of participants:

Number of Participants	FailSafe Program Expense
3	\$1,182
5	\$1,970
10	\$3,940
Customized package	MSNCB will customize a package based on the total number of vouchers we would like to purchase.

I believe the following nurses in our facility would benefit from both the certification and recertification options provided through the FailSafe Certification Program.

- *List out the nurses in your facility that would benefit from certification within the next 6–12 months.*

Based on the list of nurses above, I recommend we purchase [X] vouchers as a starting point for the program.

Using the FailSafe Certification Program offers more benefits than just a testing voucher for our nurses, including:

- The ability to purchase additional vouchers as needed.
- Simple voucher management through MSNCB's certification portal.
- Verifying exam pass rates for free.



- A **15% discount** on hosting an in-person [CMSRN Certification Review Course](#) offered through the Academy of Medical-Surgical Nurses (AMSN).

I appreciate your consideration of this request to support our team's continued growth and excellence. Please let me know if further information is needed and how I can assist with next steps

Sincerely,  
[Name]