**Form 29B**

**Revised March 2024**



**INFECTION PREVENTION AND CONTROL CANADA (IPAC CANADA)**

## Endorsement of Basic Education Courses for Infection Prevention & Control Practitioners

**Practicum Application Form**

**APPLICATION FEE:** This application must be accompanied by a cheque payable to IPAC Canada in the amount of $1,000 CAD plus 5% GST. Payment will also be accepted by credit card.

Card Number: Enter Card Number Expiry Date: mm/yy CVV# cvv#

Name on Card: Cardholder Name

**Educational Institution:**

**Name and position of representative: Click here to enter text.**

**Mailing address: Click here to enter text.**

**Telephone: Click here to enter text. Fax: Click here to enter text.**

**Email: Click here to enter text.**

**Date of application: Click here to enter text.**

**Name of course and course number (if applicable): Click here to enter text.**

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**1. Course description**

***Provide a brief course description that can be used on IPAC Canada’s website. A university/college calendar description is appropriate. Include goals of the program, pre-requisites, contact information and links to curriculum.***

Click here to enter text.

**2. History of the course**

***Provide a brief summary of the history of the practicum course including who developed it, when and why; when it was last offered and when it will next be offered; usual enrollment; target group; success rate of participants; number of students enrolled per year; mentor/supervisor to student ratio (e.g., does each mentor/supervisor only supervise one student at a time).***

**3. Course details**

***Provide a brief description of the following:***

* Total number of practicum hours required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Pre-requisite education/experience for students:
* Pre-requisite education/experience of the supervisor/preceptor:
* Specific learning objectives:

* Teaching/learning methods used:
* Required and recommended resources:
* In the table below, please also provide a description of which IPAC Canada Core Competencies students are anticipated to gain experience with or have access to (i.e., students could have the opportunity to gain experience at another facility or site if needed).

A minimum of 10 competencies should be met by each student. Of these 10, 7 competencies are mandatory and must be covered within the practicum course. The other competencies chosen for inclusion in the practicum course may be selected from the other competencies noted in the list below. These may be selected based on the practicum setting.

| **IPAC CANADA Core Competencies for Infection Control Professionals**) | **Mandatory competencies noted with M** | **Indicate if students are anticipated to gain experience in core competencies listed and briefly describe** |
| --- | --- | --- |
| **FOUNDATIONAL CORE COMPETENCIES** | | |
| Education | **M** |  |
| Microbiology | **M** |  |
| Routine Practices and additional precautions (e.g., environmental cleaning, hand hygiene, personal protective equipment and prevention of health care- associated infections) | **M** |  |
| Surveillance and Epidemiology | **M** |  |
| Research utilization | **M** |  |
| **APPLIED CORE COMPETENCIES** | | |
| Construction, Renovation, Maintenance, Design |  |  |
| Occupational Health & Safety |  |  |
| Outbreaks and Infectious Disease Threats | **M\*** |  |
| Quality Improvement and Patient Safety |  |  |
| Reprocessing of medical devices | **M** |  |
| **SUPPORTING CORE COMPETENCIES** | | |
| Principles of communication |  |  |
| Leadership |  |  |
| Management |  |  |
| Professionalism |  |  |
| **Other (list)** |  |  |

\*In the event that an outbreak does not occur during the practicum period, please describe how the student will

gain experience with this core competency (e.g., analysis of a historical outbreak, involvement in planning for

future outbreaks).

**4. Organizational support**

***Provid*e *a list of the organizational resources available to support the student experience and learning: e.g., support staff for registration or administrative issues, support for identifying placements.***

Click here to enter text.

**5. Facility Criteria**

***Provide the criteria used to select the facility where the students are placed. E.g. (accredited, meets PHAC and Provincial recommendations for IPAC programs; has a variety of clinical settings; access to reprocessing and laboratory)***

**6. Practicum Mentors/Supervisors**

***Provide a summary of practicum mentor/supervisor eligibility (e.g. education, experience, and work setting) and the process of matching students with suitable mentors/supervisors. Specify the responsibilities of mentors/supervisors.***

**7. Pass level/completion requirements for the course**

***Description of methods of evaluation of student learning outcomes, and their weights.***

***Summarize the pass level/completion requirements for the practicum.***

Click here to enter text.

**7. Course revisions and updating**

***Describe the methods used, or planned, to evaluate the practicum course and for revision or updating. Provide examples of previous course evaluation and how they were used.***

Click here to enter text.

Send completed application and accompanying documents by email to:

[executivedirector@ipac-canada.org](mailto:executivedirector@ipac-canada.org)

Attached is a detailed course outline, per Section 3

If paying by credit card, please contact [admin@ipac-canada.org](mailto:admin@ipac-canada.org)

If paying by cheque, send to:

IPAC Canada

PO Box 46125 RPO Westdale

Winnipeg MB R3R 3S3

**Questions?**

Lorinda Stuber RN BSc MSc BScN CIC

Chair, IPAC Canada Endorsement Review Committee

Tel: 403-343-4702 ext. 1

Email: [endorsement@ipac-canada.org](mailto:endorsement@ipac-canada.org).

April 2020