**CIC® Certification Award**

**Form 4A - Applicant Information**

Before submitting an application, review the application guidelines and submission instructions posted at: <https://ipac-canada.org/certification-award>. Remember to complete and submit this application form with your online application. All sections of the application must be completed. Where there is no information to be provided, state “Not applicable.”

Intake Date (check one) April 1, 2024 October 1, 2024

New certification  Renewing certification

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| **Part 1: Applicant Information** | |
| Full Name: | Click here to enter text. |
| Academic Designation(s): | Click here to enter text. |
| Department: | Click here to enter text. |
| Facility/Institution Name: | Click here to enter text. |
| Preferred Address: | Click here to enter text. |
| Telephone: | Click here to enter text. |
| Email: | Click here to enter text. |
| Number of years employed in infection prevention and control: | Click here to enter text. |
| I am self-employed. | Choose an item. |
| I am not currently employed. | Choose an item. |
| Current IPAC Canada member for at least 1 year by application deadline (Required): | Choose an item. |
| IPAC Canada Membership Number: | Click here to enter text. |
| IPAC Canada Chapter Membership Name:  *\* completed Chapter Participation Form must be included with the application* | Click here to enter text. |
| Hold a current Certification in Infection Control (CIC® or LTC-CIP®) from the Certification Board of Infection Control & Epidemiology, Inc**.** (CBIC**®**): | Choose an item. |
| Year of new certification or recertification: | Click here to enter text. |
| I confirm that, if chosen for this award, I will immediately notify my chapter and/or employer, and will not accept additional reimbursement of certification examination expenses. | Choose an item. |
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| **Part 2: IPAC Education (within past 5 years)** |  |
| List post-secondary education | Click here to enter text. |
| List IPAC-related online courses/distance education courses | Click here to enter text. |

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| **Part 3: IPAC Canada Activity in the Past 5 Years** | |
| List role(s) on IPAC Canada Board (may not be a current Board member) | Click here to enter text. |
| List role(s) on IPAC Canada Internal Committees or Workgroups: | Click here to enter text. |
| List role(s) as an IPAC Canada representative on External Committees or Workgroups: | Click here to enter text. |
| List Chapter Executive role(s) (e.g. Chair, CoChair, Secretary, etc.) | Click or tap here to enter text. |
| List Interest Group Executive role(s) (e.g. Chair, Secretary, etc.): | Click here to enter text. |
| List current Interest Group membership(s): | Click here to enter text. |
| List participation in IPAC Canada projects (e.g. chapter or interest group level, volunteered at a conference, participated on a national project, etc.): | Click here to enter text. |
| List IPAC Canada conferences attended in the past five years. | Click or tap here to enter text. |

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| **Part 4: Activity Outside of IPAC Canada in the Past 5 Years** | |
| List participation in infection prevention and control related projects: | Click here to enter text. |
| List infection prevention and control related working groups/committee memberships: | Click here to enter text. |

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| **Part 5: Requested Funding** | |
| **Requested funding for initial or renewing certification examination fee. This fee must be submitted in Canadian dollars and verified by a formal receipt or redacted copy of a credit card statement. In the absence of proof of payment via a credit card payment, the fee will be paid according to the exchange rate at the time of processing. Show the amount requested in Canadian dollars.** | Click here to enter text. |
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| **Part 6: Application documents to be completed and uploaded to online platform** |  |
| Form 4A - Application Form  Form 4B - Chapter Participation Confirmation  Form 4C - Employer Support Confirmation  CBIC Confirmation of certification or re-certification  CBIC certification exam fee receipt |  |
| **Part 7: Release** | |
| *I understand that expenses eligible for reimbursement are fees related to initial Certification in Infection Control (CIC® or LTC-CIP®) or renewal of CIC® or LTC-CIP®.*  *All applicants and Recipients must comply with the rules and requirements set by IPAC Canada. Each applicant and Recipient agrees that IPAC Canada and members of the IPAC Canada Corporate Relations Committee, their respective directors, officers, employees, agents and assigns are released from any claims, damages, costs or expenses relating to the allocation of the award or the award itself.*  *I attest that I have been truthful in all responses to application questions.* | |
| **Submission of this application indicates the applicant’s name and photograph may be published:** | Choose an item. |
| **Signature (Required):** |  |