****

**IPAC CANADA ESSENTIALS IN INFECTION PREVENTION AND CONTROL
ONLINE 2024 REGULAR PROGRAM COURSE (September 2024 to June 2025)
APPLICATION FORM**

***Applicants must only apply for ONE course offering at a time (Accelerated, OR Regular Course).
 If you applied to the Accelerated Course, wait until you are advised of your acceptance.***

***Applicants declined for the Accelerated Course may then re-apply for admission***

***to the Regular Course if they choose to do so.***

* **Ensure your name appears on every page of the application.**
* **Complete this application form and save the file (as a PDF) with the file name format *lastname\_firstname \_application*. You must upload this form in the online application.**
* **You will also be required to upload your current C.V./resume in the online application. Save it as a PDF, in the format *lastname\_firstname\_resume***
* **Submit your application by July 14, 2024. Students will be advised by August 1, 2024 of their acceptance.**
* **Tuition (1790.00 CAD, taxes not applicable) is due by August 15, 2024.**

*Did you apply for the Accelerated Course this year, but were not accepted*? Click or tap here to enter text.

Date: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Home Address: Click or tap here to enter text.

City: Click or tap here to enter text.

Prov/State: Click or tap here to enter text.

 Postal/Zip Code: Click or tap here to enter text.

 Country: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Telephone Number(s): Click or tap here to enter text.

1. Are you a practicing Infection Prevention and Control (IPAC) Practitioner? (**Yes or No**): Click or tap here to enter text.

 *If yes, state how many years or months you have worked as an IPAC Practitioner:* Click or tap here to enter text.

APPLICANT’S NAME: Click or tap here to enter text.

1. What is your professional designation? e.g*. RN, RPN, MLT etc.* Click or tap here to enter text.
2. What is your current work environment? *E.g. acute care, long-term care, community, public health, occupational health, other (specify)*

Click or tap here to enter text.

1. If you are not working as an IPAC practitioner, what is your job title?

Click or tap here to enter text.

1. Educational background – please specify level of education attained. *E.g. Certificate, Diploma, Bachelor’s degree, Master’s Degree, Doctorate, MD:* Click or tap here to enter text.
2. List any additional education/activities completed which relate to IPAC:

Click or tap here to enter text.

1. It is anticipated this course will require 12-15 hours per week to read course material, participate in discussions and complete assignment and exams. Explain how you will ensure you have adequate time to devote to the course.

Click or tap here to enter text.

1. Is your employer supporting your application to this course? **YES or NO**: Click or tap here to enter text.
2. Have you connected to anyone working in IPAC to gain an understanding of the roles and responsibilities of an IPAC professional? (**Yes or NO**) Click or tap here to enter text.

If YES, who have you contacted: Click or tap here to enter text.

1. Provide a *brief* explanation as to why you are interested in taking the IPAC Canada Essentials in Infection Prevention and Control Course. What are your objectives? What do you hope to achieve from the course? How is this course relevant to your current position or to your professional development?

Click or tap here to enter text.

APPLICANT’S NAME: Click or tap here to enter text.

1. Are you currently an IPAC Canada member? **YES or NO**: Click or tap here to enter text.
	1. *If yes, list your Chapter*: Click or tap here to enter text.

Please list two current or recent professional references (include their contact information):

Contact One – Name: Click or tap here to enter text.

 Contact Information: Click or tap here to enter text.

Contact Two – Name: Click or tap here to enter text.

 Contact Information: Click or tap here to enter text.

**Review to ensure all documents are ready to upload:**

1. Save this Application Form (ensure your name appears on each page) as a PDF, in the file name format ***lastname\_firstname\_application***
2. Have your resume ready, saved as a PDF, in the file name format ***lastname\_firstname\_resume*.**
3. Proceed to our online course application form, and upload your documents.
4. Email basicde@ipac-canada.org if you any problems with the application process
5. Ensure all applications and supporting documents are submitted by the deadline

**Additional Notes**

**Applicants must NOT apply to both the Accelerated Course AND the Regular Course at the same time**. If you applied to the Accelerated Course, wait until you are advised of your admission status. If you are denied admission into the Accelerated Course, and you are interested in the Regular Course, you may then re-apply using this form. (*Employer Letter of Support not required for the Regular Course*). Submitting applications to BOTH courses at the same time may result in your applications not being reviewed.

Any emails we send you regarding acceptance into the course will come from basicde@ipac-canada.org . Add this email address as a ‘safe sender’ to your address book.

After you upload all requisite documents online and hit ‘Submit’, you will receive a Thank You/Confirmation email from the system. **IF YOU DO NOT** receive the confirmation email, and it did not get directed to your Junk folder, contact admin@ipac-canada.org and we can verify we received your submission. DO NOT submit another application unless we confirm that your original application was not received. Duplicate applications may result in your application not being reviewed.