GOAL: TO PROVIDE AN OPPORTUNITY FOR A PATIENT, PATIENT FAMILY REPRESENTATIVE OR PATIENT CAREGIVER ASSOCIATED WITH A PROVINCIAL OR NATIONAL PATIENTS FOR PATIENT SAFETY ORGANIZATION TO ATTEND THE NATIONAL EDUCATION CONFERENCE ON INFECTION PREVENTION AND CONTROL CANADA (IPAC CANADA)/PRÉVENTION ET CONTRÔLE DES INFECTIONS CANADA (PCI CANADA).

1.2 OBJECTIVES:
1) To select from provincial or national Patients for Patient Safety organizations, those applicants who:
   a) Have demonstrated an interest in infection prevention and control education.
   b) Are eligible for financial assistance based on the criteria set out in Section 1.4 herein.

1.3 POLICY
1) The amount of five thousand dollars ($5,000 CAD) will be set aside annually for the Scholarship by Prescient®.
2) The maximum amount granted to each Recipient (as defined below) per award year would be $2,500 dollars ($2500.00) CAD. Applicants may not necessarily receive the full amount.
3) The expenses eligible for reimbursement are:
   a) Complimentary registration for the conference (Sunday-Wednesday), not including special events.
   b) Hotel (at the Conference rate) – to a maximum of four (4) nights,
   c) Travel to the Conference (lowest possible airfare, or train fare not exceeding the cost of the lowest possible airfare, or .52 cents/km car allowance to an amount not exceeding the cost of lowest possible airfare or train fare), plus taxes. Agency fees, seat selection fees, change fees, and excess baggage charges are not reimbursed.
   d) Most reasonable ground transportation to/from airport and hotel.
   e) Meals, liquor and snacks are not reimbursed.
   f) A per diem will be offered.
4) Applications must be submitted by March 1 of each year. Applications are to be submitted to info@ipac-canada.org. No extension to the deadline date will be provided.
5) All sections of the application must be completed and all required/supporting documentation must be attached. PDF documents are preferred. Applicants must ensure that all documents are attached to the application. Incomplete applications will not be considered.
6) The criteria for eligibility, as set out in the section “Criteria for Evaluating Eligibility” (1.4), will be applied to requests for funding.
7) Reimbursement (not to exceed $2500.00 CAD per winning candidate) will be made to each successful applicant (the “Recipient”) upon receipt of statement of expenses incurred by each Recipient. Requests for reimbursement must be on the official IPAC Canada Prescient® Scholarship Expense Reimbursement Form 43, which will be forwarded to Award recipients. Eligible expense receipts must be submitted to IPAC Canada within 4 weeks after the Conference. IPAC Canada does not reimburse food and alcohol, travel agency fees, seat selection fees, excess baggage fees, or change fees. Meals, liquor and snacks are not reimbursed. No portion of the Award will be dispensed prior to the conference.

7.2 Within 30 days following the conference, Form 43 and scanned receipts should be emailed to info@ipac-canada.org or faxed to 1-204-895-9595. The original form and original receipts must then be mailed to IPAC Canada, PO Box 46125 RPO Westdale, Winnipeg MB, R3R 3S3, or couriered to 67 Bergman Crescent, Winnipeg MB R3R 1Y9.
7.3 All travel fees and taxes (GST/HST only) must be clearly detailed on the expense form in the appropriate column. GST/HST must be clearly and separately identified in the receipts.

7.4 Reimbursement claims will be finalized based on reasonable expenses.

8) Any disputes related to financial assistance should be presented in writing to the Executive Director of IPAC Canada. The Executive Director will investigate the dispute and will issue a decision relating to such dispute. A second appeal may be made to the Executive of IPAC Canada through the Executive Director. The decision of the Executive will be binding on the parties to the dispute.

9) All records of funding requests and awards will be kept by the Membership Services Office for a period of seven (7) years.

1.4 CRITERIA FOR EVALUATING ELIGIBILITY

1. Applications must be submitted by March 1 of each year or on the alternate date published. **No extension to the deadline date will be provided.**

2. Using the established criteria set out below, the IPAC Canada Public Representative and a representative of Prescient shall select the award recipients from the applicants, and will, at their discretion, determine the amount of funding to be made available. The funding will be distributed among as many recipients as can be reasonably assisted, taking into account the cost of travel and accommodation, given the conference location. Successful candidates may not receive the entire $2,500 CAD award.

3. Applications must be in English and must be typewritten.

4. The committee will seek a geographically diverse list of award winners.

5. No member may receive any award, scholarship or bursary from IPAC Canada more than once in any five consecutive years.

6. The criteria will be reviewed annually by the IPAC Canada Public Representative, the IPAC Canada Executive Director, and a representative of Prescient.

---

**The following information will be required by the application process. This is for your information only in order to prepare your application. Do not send these pages to IPAC Canada. They are for your assistance in completing the application.**

<table>
<thead>
<tr>
<th>Applicant Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name</td>
</tr>
<tr>
<td>Patients for Patient Safety Organization Name</td>
</tr>
<tr>
<td>Home Address</td>
</tr>
<tr>
<td>Telephone</td>
</tr>
<tr>
<td>Fax</td>
</tr>
<tr>
<td>Email</td>
</tr>
<tr>
<td>Indicate if you have received funding/award from IPAC Canada in (year(s))</td>
</tr>
</tbody>
</table>

Include a high resolution photograph.

<table>
<thead>
<tr>
<th>Participation in Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Your covering letter contains the information that will assist the Executive in determining which applicants are to be granted an award.</td>
</tr>
</tbody>
</table>

Attach a covering letter that includes the following information.

- To the degree you are comfortable, please tell us a bit about your experience as a patient, caregiver or family member.
✓ Considering the theme for 2020 (20/20 Vision: What’s on the horizon?), and your own experience, describe how you might contribute to discussions at the conference.
✓ How will you apply and share what you learn from the IPAC Canada 2020 conference to help patients, caregivers and their families, e.g. through groups and committees you may work with, blog posts, etc.?

### Funding Requested
Each of the sections must be completed.

<table>
<thead>
<tr>
<th>Description</th>
<th>Funds Required (CDN$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel to conference site and return (including all fees and taxes). Describe method of travel.</td>
<td>$</td>
</tr>
<tr>
<td>Taxi to/from airport if applicable; taxi to/from airport to venue; parking</td>
<td></td>
</tr>
<tr>
<td>Hotel (maximum $210.00 per night) x 4 nights (including taxes)</td>
<td>$</td>
</tr>
<tr>
<td>Per diem $500</td>
<td>$ 500.00</td>
</tr>
</tbody>
</table>

**6.4 TOTAL FUNDING REQUESTED** (maximum $2,500*)

*$Award recipients will not necessarily receive the maximum allocation.

### 2. RELEASE

2.1 All applicants and Recipients must comply with the rules and requirements set by the Board of Directors of IPAC Canada. Each applicant and Recipient agrees that Prescient*, its affiliates, IPAC Canada and their respective directors, officers, employees, agents and assigns are released from any claims, damages, costs or expenses relating to the awarding of the Scholarship or the Scholarship itself.

2.2 Submission of an application will indicate acceptance of 2.1.

2.3 Submission of this application indicates the applicant’s approval to have their name and photograph(s) published.

2.4 Feedback from winning candidate(s) may be requested following the conference.

### SUBMIT APPLICATION TO:
Prescient* Scholarship
IPAC Canada
PO Box 46125 RPO Westdale
Winnipeg MB R3R 3S3
Email: info@ipac-canada.org
Fax: 1-204-895-9595

---

*Prescient* is a registered trademark of Prescientx Inc.