



## 2023 MEMBERSHIP APPLICATION

For International Members in developing countries as identified at [THIS LINK](#)

**Complimentary membership. Please complete all applicable sections.**

Name:

Academic Designations (RN, BN, MD, CIC, etc.):

Job Title/Position:

Place of Employment/Business Name:

Street Address of Employer or Business:

City	Prov/State	Postal/Zip Code	Country
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Business Tel:	Extension:	Fax No:
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Email Address:

**NOTE:** (IPAC Canada and your chapter will use this email to communicate with you; it will be your unique log-in for the Members Area of our website, and will be published in the Member and Source Guide.)

**CHAPTER MEMBERSHIP(S)** – Membership in one IPAC Canada chapter of your choice is included in your membership fees. Please indicate your chapter membership choice (if desired) on Page 2.

**INTEREST GROUP MEMBERSHIP(S)** – Members may join any of our interest groups, at no additional charge. Please indicate on Page 2 which groups – if any – you wish to join.

**International Members receive all the benefits of membership, including access to resources and voting rights. Printed publications will not be mailed, but a link to digital files will be provided.**

**This application form must be completed and submitted at the first application and annual renewal. Memberships expire 12 months from date of activation.**

New Membership or Renewal?  Renewal  New Member

### DISCIPLINE(s):

- RN
- Microbiologist
- MD  MT
- MLT  Epidemiologist

Other (please specify)

### EDUCATION LEVEL(s):

- Diploma
- Bachelor (indicate: \_\_\_\_\_)
- Master (indicate: \_\_\_\_\_)
- Doctorate

Other (please specify)

### CERTIFICATION

- Certification in Infection Control (CIC®) OR:
- Associate-IPC (a-IPC) from CBIC OR:
- LTC-CIP certification from CBIC

Year of Exam (most recent): \_\_\_\_\_

Other certification(s): \_\_\_\_\_

If you do not have your CIC® certification, are you are eligible to become certified?

- Yes  No

Visit <https://www.cbic.org/CBIC/Certification-FAQs.htm> to determine your eligibility.

### INSTITUTION/BUSINESS TYPE:

- Hospital  Long Term Care
- Community Health  Public Health
- Self-Employed/Consult.  Government

Other (please specify)

- Employment/contact information listed above will be published in our annual Member and Source Guide. Check here if you do NOT want to be published in the Guide.
- On occasion we cooperate with our partners and stakeholders by providing them with the contact information of our members. Check here if you wish to Opt Out of having your contact information shared.

Applicant's Last Name: \_\_\_\_\_

**(Optional) CHAPTER MEMBERSHIP (one chapter included with your membership)** Indicate your desired chapter below.

- |                                                     |                                                     |                                                    |
|-----------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> IPAC Newfoundland/Labrador | <input type="checkbox"/> IPAC Ottawa Region         | <input type="checkbox"/> IPAC Northwestern Ontario |
| <input type="checkbox"/> IPAC New Brunswick/PEI     | <input type="checkbox"/> IPAC Southwestern Ontario  | <input type="checkbox"/> IPAC Manitoba             |
| <input type="checkbox"/> IPAC Nova Scotia           | <input type="checkbox"/> IPAC GTA (Toronto)         | <input type="checkbox"/> IPAC SASKPIC              |
| <input type="checkbox"/> PCI Qc                     | <input type="checkbox"/> IPAC Central South Ontario | <input type="checkbox"/> IPAC Southern Alberta     |
| <input type="checkbox"/> IPAC Eastern Ontario       | <input type="checkbox"/> IPAC HUPIC (Huronian)      | <input type="checkbox"/> IPAC Northern Alberta     |
| <input type="checkbox"/> IPAC Central East Ontario  | <input type="checkbox"/> IPAC Northeastern Ontario  | <input type="checkbox"/> IPAC British Columbia     |

**INTEREST GROUP MEMBERSHIP** (indicate any groups you wish to join)

- |                                                       |                                                      |                                                                   |
|-------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Cardiac Care                 | <input type="checkbox"/> Long Term Care              | <input type="checkbox"/> Reprocessing                             |
| <input type="checkbox"/> Community Healthcare         | <input type="checkbox"/> Mental Health               | <input type="checkbox"/> Surveillance and Applied<br>Epidemiology |
| <input type="checkbox"/> Dialysis                     | <input type="checkbox"/> Oncology & Transplantation  |                                                                   |
| <input type="checkbox"/> Environmental Hygiene        | <input type="checkbox"/> Paediatrics & Neonatal Care |                                                                   |
| <input type="checkbox"/> Healthcare Facility & Design | <input type="checkbox"/> Prehospital Care            |                                                                   |

**STATISTICAL / DEMOGRAPHIC INFORMATION** (Optional; this information is for statistical purposes only and is **not** shared.)

**Preferred language:**  English  French (as resources permit)

**Number of beds in my facility:**  1 to 99  100 to 249  250 to 499  500 to 699  700 to 999  Over 1000

**Years of experience in infection prevention and control:**  Less than 2  2 to 5  6 to 10  Over 10  N/A

**Age Group:**  18 to 30  31 to 50  51-60  Over 60

How did you hear about IPAC Canada (e.g. another member; conference; social media): \_\_\_\_\_

**SEND THIS COMPLETED FORM TO:**

IPAC Canada PO Box 46125 RPO Westdale, Winnipeg MB R3R 3S3

Tel: 204-897-5990/866-999-7111 Fax: 204-895-9595 or 204-488-5028 Email: [membership@ipac-canada.org](mailto:membership@ipac-canada.org)

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