**2023 Julie Larose Memorial Scholarship**

**Nomination Form**

Before submitting a nomination, review the criteria and submission instructions posted at: <https://ipac-canada.org/julie-larose-memorial-scholarship.php>. All sections of the nomination form must be completed. Where there is no information to be provided, state “Not applicable.”

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| **Part 1: Nominee Information**  |
| Full Applicant 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. |
| Address:  | Click here to enter text. |
| Telephone:  | Click here to enter text. |
| Email:  | Click here to enter text. |
| Indicate length of employment in Infection Prevention and Control: | Click here to enter text. |
| Current IPAC Canada national member  | Choose an item. |
| IPAC Canada Chapter Membership | Click here to enter text. |
| Current Certification Board of Infection Control & Epidemiology, Inc**.** (CBIC**®**)Certification in Infection Control (CIC® or LTC-CIP®):  | Choose an item. |
| Year of CBIC**®** CIC® or LTC-CIP® certification or last recertification: | Click here to enter text. |
| Current Certification Board of Infection Control & Epidemiology, Inc**.** (CBIC**®**)a-IPC® | Choose an item. |
| Year of CBIC**®** a-IPC® certification  | Click here to enter text. |
| **Part 2: Written Statements** |
| 2.1 Describe how the candidate has faced adversity with grace, tenacity and humour. Include sufficient detail to support this nomination and provide context to the judging panel. (**Max. 300 words** or approx. ½ page).  |
| Click here to enter text. |
| 2.2 **OR –** Describe how the candidate has obtained lifetime achievement in healthcare, specifically infection prevention and control. Include sufficient detail to support this nomination and provide context to the judging panel. (**Max. 300 words** or approx. ½ page).  |
| Click here to enter text. |
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| **Part 3: Nominators**  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Nominator 1 Name of Nominator 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IPAC Canada Membership Number IPAC Canada Membership Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Date |
| **Part 3: Release** |
| *All nominees and candidates must comply with the rules and requirements set by IPAC Canada. Each applicant and Recipient agrees that Diversey Inc., 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.* |
| **Submission of this nomination indicates the nominee’s name, photograph and summary of project/initiative may be published** | Choose an item. |