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**IPAC CANADA ESSENTIALS IN INFECTION PREVENTION AND CONTROL
ONLINE 2025 ACCELERATED COURSE (APRIL 2025 to AUGUST 2025)
APPLICATION FORM**

***Applicants must only apply for ONE course offering at a time (Accelerated, OR Regular Course).
 If you are not accepted into the Accelerated Course, you may
re-apply for admission into the Regular Course.***

* **Complete this application form and save the file (as a PDF) in the format *lastname\_firstname \_application***
* **Ensure your name appears on every page of the application.**
* **You will also be required to upload your current C.V./resume in the online application.**
* **Applicants to the Accelerated Program are also required to complete and upload the Letter of Employer Support (available on our website)**
* **Submit your application by March 15, 2025. Students will be advised by March 24, 2025 of their acceptance. Tuition Fees of $1790.00 (taxes not applicable) are payable in FULL, by March 31, 2025.**

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.

[ ]  Should I successfully complete the course, I give permission for IPAC Canada to publish my name on a list of graduates

1. Are you a practicing Infection Control Practitioner (ICP) (Yes or No): Click or tap here to enter text.

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

 \*Applicants for the Accelerated Program must be actively working in an infection prevention and

control role – or be transitioning into an IP&C role, and have the support of their employer to take the course. Ensure you download the Employer Letter of Support and have it ready to upload with your application.

1. What is your professional designation? e.g*. RN, RPN, MLT etc.* Click or tap here to enter text.

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

1. 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 infection control 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 related to infection prevention and control:

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. The course includes a 12-hour application project. It can be helpful for the students to have a mentor for this aspect of the course. Do you anticipate any problems completing this part of the course? **YES or No:** Click or tap here to enter text.
2. Is your employer supporting your application to this course? **YES or NO**: Click or tap here to enter text.
3. Have you connected to anyone working in infection control to gain an understanding of the roles and responsibilities of an infection control professional? 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.
	* *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:**

* application form and resume are complete, your name appears on each page and files saved as PDFs using **lastname\_first name as file names**
* application and resume are uploaded to the online application form
* Have Letter of Support from Employer ready to upload.
* email basicde@ipac-canada.org if any problems with the application process
* applications and supporting documents are submitted by the deadline
* Accelerated Course applicants must NOT apply to both the Accelerated Course AND the Regular Course. If you are not accepted into the Accelerated Course, you may re-apply, to the Regular Course.
* **NOTE**: 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 this email, and it did not get directed to your Junk folder, contact admin@ipac-canada.org and we can verify we received your submission.