**LETTER OF EMPLOYER SUPPORT**

**Candidate Entrance to the Online IPAC Canada Essentials in Infection Prevention and Control**

**Accelerated Course**

(Completed by the Employer of the Course Applicant)

The Accelerated IPAC Canada Course runs over 5 months with applications due March 15, 2025 and starting course date of April 1, 2025. Preference will be given to candidates working in an Infection Prevention and Control role – or those having Infection Prevention and Control responsibilities. The content of the course is the same as the regular course intake but condensed in timelines, evaluations, and there are no breaks between modules. In order to be offered a spot in accelerated stream, students must have employer complete this form providing a brief description outlining how the course will directly benefit the employer/organization(s).

This is to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to support our employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Employer) (Name of Candidate)

in their application to the IPAC Canada Essentials in Infection Prevention and Control Accelerated Course, as their involvement and training in the course will support our organization(s) in the following ways:

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It is anticipated 10-15 course hours per week may be required to complete the course readings and assignments. A significant number of personal hours will likely be required to fulfill the course requirements. Students are required to do group work where there may be instances where scheduled meetings may occur during business hours.

The number of accepted candidates is the mandate of IPAC Canada. Submission of this letter of support does not guarantee admission. Students will be advised of their acceptance in due course. **Tuition ($1790.00) in full will be due by March 31, 2025**. Accepted students will receive instructions on how to remit tuition payment.

Please sign below to acknowledge your support of your employee in their pursuit of further education in infection prevention and control.

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Employer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone

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Email

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 Signature

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 Date