 

**IPAC CANADA 2025 INTERNATIONAL ATTENDEE SCHOLARSHIP**

**APPLICATION FORM**

**APPLICATIONS MUST BE LEGIBLE AND SUBMITTED IN ENGLISH**

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

**APPLICANT INFORMATION:**

Applicant Name: Click here to enter text.

Academic Credentials: Click here to enter text.

Job Title: Click here to enter text.

Facility/Organization: Click here to enter text.

Department: Click here to enter text.

Street Address: Click here to enter text.

City: Click here to enter text. Province/State: Click here to enter text.

Country: Click here to enter text. Postal/Zip Code: Click here to enter text.

Telephone: Click here to enter text.

Email Address: Click here to enter text.

**MANDATORY CRITERIA:**

1. **Applicant is currently employed as a healthcare provider with responsibilities in infection prevention and control.**
2. **Applicant must be a member of a national or international infection prevention and control association.**
3. **Applicant has NOT received funding assistance from IPAC Canada in the last 5 consecutive years.**

**MANDATORY DOCUMENTATION:**

[ ]  Completed application form.

[ ]  Signed and dated Release Form (page 5).

[ ]  Covering letter (see page 4 for guidance).

[ ]  Letter from your employer confirming that you will be given the time away from work to attend this education event.

[ ]  Letter on letterhead from the national or international infection prevention and control association confirming membership.

[ ]  Copy of certification notification from Certification Board of Infection Control (see (b) below).

[ ]  Copy of certification notification from another certification body (see (b) below).

**All applicants must meet the mandatory criteria and include all documents required. If the applicant meets the mandatory criteria above, please continue with application and complete the following questions.**

1. Indicate length of time in Infection Prevention and Control:

 [ ]  Less than 2 years

 [ ]  2-5 years

 [ ]  More than 5 years

1. Do you have a current Certification in Infection Control (CIC®, LTC-CIP®, or a-IPC®designation) which was obtained after successful completion of the examination of the Certification Board of Infection Control and Epidemiology? [ ]  Yes [ ]  No

Last year of certification or recertification: Click here to enter text.

Provide a copy of CBIC certification confirmation.

Note that certification will be verified by the Certification Board of Infection Control.

b.1) Do you have a current certification from another certification body? [ ]  Yes [ ]  No

Provide a copy of certification confirmation.

1. Describe the projects and/or practices that you are currently or have been involved with to improve or promote infection prevention and control in your workplace (example; practice changes, educational activities). Describe the success and challenges of this project(s). Detail is important. Minimum 200 words; maximum 300 words.

Click here to enter text.

1. Summary of conferences and continuing professional education that you have attended within the past five (5) years

|  |  |  |
| --- | --- | --- |
| **Year** | **Name and brief description of conference/course/professional education** | **Location** |
| Choose an item. | Click here to enter text. | Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. |

1. Describe the funding opportunities available to you. If you have received funding in the past from your workplace or another scholarship in the past 5 years, please describe below.

Click here to enter text.

1. **In a separate document (e.g. Word), please provide a COVERING LETTER** with your application– (300 words maximum).

In this letter, please describe in detail more information about yourself and why you should be chosen for this scholarship. Include any information that will help guide the Scholarship Committee in choosing you as this scholarship winner. Please note that detail and clarity are important.

**RELEASE FORM**

I understand the maximum scholarship award, in total for all recipients, is $5000.00 CAD and that an applicant may be awarded an amount less than the maximum.

I understand that awards will not be paid in cash. Arrangements for registration, travel and accommodation will be made once the winning applicant is confirmed. All arrangements must be made through IPAC Canada.

I understand that, if accepted for this scholarship, I will provide IPAC Canada with proof of a valid passport and visa before any travel arrangements are made through IPAC Canada.

If I am selected to be a Recipient, I irrevocably consent to have my name and photograph(s) published by IPAC Canada in any medium for the purposes of announcement of recipient(s) of the Scholarship and images of their participation in the 2025 conference, all without further notice or approval by me. IPAC Canada will only award scholarships to applicants who provide this consent.

All applicants and recipients must comply with the rules and requirements set by IPAC Canada and its partners. Each applicant and recipient agrees that IPAC Canada, CloroxPro® and their respective partners, 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.

 [ ]  I AGREE

 [ ]  I DO NOT AGREE

Applicant Signature

**Date**: Click or tap here to enter text.

All application documents must be forwarded to IPAC Canada via:

Email: info@ipac-canada.org

**DEADLINE FOR APPLICATIONS DECEMBER 16, 2024**