



Central South Ontario

IPAC-CSO Application for Educational Funding Assistance

Submit completed form to IPAC-CSO Treasurer by Mar. 31 of current year.

*******Please note, receipts must be submitted post conference/education event in order to receive reimbursement*******

1) Personal Information Name:

2) Hospital/Agency:

3) Education Program Title: _____

Sponsor: _____ Location:

_____ Date: _____ Duration of

Program: _____

4) Learning objectives if program other than Infection Prevention or Infectious Disease related:

5) Name of Conference or Title of course:



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IPAC-CSO Members Financial Assistance Audit

To be completed by the applicant.

CRITERIA- *Indicate highest point value in each section as appropriate

Membership:

1. Paid IPAC-CSO Member for at least one year (5)
2. Recent paid, less than 1 year IPAC-CSO member having held membership in another comparable Infection prevention and control Group (3)
3. Recent paid, less than one year IPAC-CSO Member with no previous formal association with an Infection prevention and control group (1)

Attendance:

1. Regular attendance during the past year (5)
2. Less than 50% attendance during the past year. (3)

Participation:

1. Served on the executive or in chapter role (education facilitator, webmaster). (5)
2. Acted as chapter representative to ICO, IPAC Canada standing committee or interest group. (4)

Financial Need:

1. Receiving no other assistance (5)
2. Receiving assistance from additional source(s). (3)

To be completed by the IPAC-CSO Executive.

Total points earned: _____ Assistance granted: ___Yes ___No Amount:



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To be completed by the applicant **AFTER** attendance to a conference or **AFTER** completion of an education course

Applicant: _____

Date: _____

1. Expense details:

| ITEM | DESCRIPTION | QUANTITY | UNIT COST | TOTAL |
|----------------|-------------|----------|-----------|-------|
| Registration | | | | |
| Transportation | | | | |
| | | | | |
| Accommodation | | | | |
| | | | | |
| Meals | | | | |
| Other | | | | |
| Subtotal | | | | |
| Total | | | | |

2. Submit completed form with a copy of all receipts to IPAC-CSO Treasurer.