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

Personal Information Name: ____________________________________________

1) Hospital/Agency: ____________________________________________________

2) Education Program Title: ____________________________________________
   Sponsor: __________________________________ Location: __________________
   Date:________________________ Duration of Program: ________________

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

4) Expense details:

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<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>UNIT COST</th>
<th>TOTAL</th>
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IPAC-CSO Members Financial Assistance Audit

To be completed by the applicant.

Applicant: __________________________________________________

Date: ______________________________

CRITERIA Point Points value earned *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)
3. No attendance in the past year (0)

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: ______ No Amount: ____________