



Central South Ontario

## IPAC-CSO CIC/SARE Funding Assistance

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

- 1) Personal Information Name: \_\_\_\_\_
- 2) Hospital/Agency:  
\_\_\_\_\_
- 3) Examination Date \_\_\_\_\_ OR  
SARE Completion Date: \_\_\_\_\_
- 4) Attach certification of completion of SARE/CIC
- 5) Expense details:

ITEM	DESCRIPTION	QUANTITY	UNIT COST	TOTAL
Exam Registration Fee				



Central South Ontario

## 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 one 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 Awarded: \_\_\_\_\_