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:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>UNIT COST</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>Exam Registration Fee</td>
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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 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: ___________