

IPAC CANADA ONLINE NOVICE COURSE APPLICATION Adobe Acrobat is required to fill in this form.

- Please read the application form carefully and complete sections 1-11. We receive many applications to the course and will only accept completed application packages. Upon receipt of you application you will be notified via email. Applicants will be contacted by June 1st.
- Vour application form an undated CV/ résumé should be sent as attachments to

| basicde@ | ipac-canada. | • | an <u>March 17</u> . The | subject line of y | |
|---------------|----------------|---------------------------------------|--|--------------------|--------------------|
| Date: | | | | | |
| Name: | | | | | |
| Mailing A | ddress: | | | | |
| No./Apt# | Street | City | Prov/State | Postal Code | Country |
| Email Add | ress: | | | | |
| Telephone | • | | | | |
| Number(s) |): | | | | |
| , , | | | ol Practitioner (IC nonths as practic | • | |
| 2) What is y | your professi | onal designatio | on? (E.g., RN, RPI | N, MLT etc.) | |
| 3) What is y | your current | work environme | ent? | | |
| • | | e care, long tern upational healtl | n care, communit h or other | ty, | |
| 4) If you are | e currently no | ot currently an i | nfection control | oractitioner, what | is your job title? |
| 5) Educatio | n backgroun | d - please spec | ifiy level of educa | ation attained: | |

Options are: Certificate, Diploma, Bachelors, Masters, Doctorate, MD

| List any a | dditional education | /activities comp | oleted related to | infection preven | tion and o |
|--|---|---|---|---|--------------------------|
| | urrent or recent pro | | • | | • |
| | | | | | |
| Provide and ovice ICP of ofessional needs formal to form | n explanation as to course and how this opportunities. This ulate a concise, clea urse (provide 250 w | why you are int s course is perti s is an importan arly stated objec | erested in takir inent to your pr it part of the ap ctive as to what | ng the IPAC Cana resent position or plication review. | da future Take the |
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| | nsure that you have adequate time to devote to the course: | | | | | | |
|---------------------------------------|---|--|--|--|--|--|--|
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| • | a practicum requiring an appropriate subject matter mentor. range this mentorship or would you need assistance? | | | | | | |
| • | ovide your mentors name and place of employment | | | | | | |
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| 1) Are you currently on | IPAC Canada Member? Yes or No | | | | | | |
| | | | | | | | |
| If yes, list your Cha | npter | | | | | | |

Completion Checklist:

Questions 1-11 completed Updated CV Email both items to basicde@ipac-canada.org

Type initials here to verify completion:

NOTE: Applicants will be notified of acceptance in the course by June via e mail. At the time of acceptance, instructions on payments, course texts, a detailed schedule, and other relevant course information will be sent to you.