



SARS Memorial Fund for Infection Control Practitioners Reimbursement Application

What is the SARS Memorial Fund for Infection Control Practitioners?

The SARS Memorial Fund for Infection Control Practitioners (ICP) is a tuition/certification/professional development reimbursement program funded by the Molson Canada SARS concert (2003) and sponsored by the Ontario Ministry of Health & Long-Term Care. The fund provides grants for Infection Control Practitioners from any discipline to support continuing education, certification/re-certification and professional development for individual Infection Control Practitioners so that they can improve their knowledge and lead Infection Control Practices within their health care settings.

Eligibility Criteria:

1. Applications will be reviewed quarterly and must be faxed or postmarked by January 1, April 1, July 1, or October 1 for each review process
2. Successful applicants (those receiving funding) will be asked to participate in a follow up focus group/survey to facilitate ongoing development and evaluation of this initiative
3. Reimbursement funding totaling over \$500 in each tax year is considered a taxable benefit. Income tax information will be mailed to successful recipients as required.
4. Individual has not received other funding in support of the tuition/fee reimbursement requested in this application for funding (e.g. employer, grant monies)

Please note: applicants may apply for reimbursement through the following Funding Programs.: A; B; C; A and C; B and C.

To apply:

1. Complete all application criteria noted on the application form.
2. Attach receipts for all claims (tuition, certification, re-certification, conference attendance).
3. Provide proof of successful completion of education program or certification/re-certification process.
4. Include your Social Insurance Number for income tax purposes.

Personal Information

Social Insurance #:		Male: <input type="checkbox"/>		Title:	
		Female: <input type="checkbox"/>			
Surname:			Given Name(s):		
Mailing Address:					
City:		Province:		Postal Code:	
Email:			Phone # (Day):		
			Other:		

Employment Information

Are you currently working as an Infection Control Practitioner? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment Setting (Please check one)	Professional Background/Activity (Please check all that apply)
<input type="checkbox"/> Community <input type="checkbox"/> Public Health <input type="checkbox"/> Hospital <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Administrative Position <input type="checkbox"/> Educator <input type="checkbox"/> Med Lab Tech <input type="checkbox"/> Community Health Nurse <input type="checkbox"/> ICP <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Other (specify):

Eligibility Criteria

Funding Program A: Successful completion of a formal Infection Control Practitioner Education Program

**SARS Memorial Fund for Infection Control Practitioners
Reimbursement Application**

Funding Program B: attendance and participation at the Community and Hospital Infection Control Association (CHICA - Canada) National Education Conference

Program A and B: Tuition Reimbursement: Education Program or CHICA-Canada Conference

Funding Program A: Infection Control Practitioner Program Tuition Reimbursement (up to \$2,000.00 per person to maximum of 25 individuals/year):

1. Official proof of payment from educational institution.
2. An official transcript validating successful course completion. Overall grade achieved in education program may be a consideration if there is competition for limited funding.
3. A one-page letter (12 font, double spaced, 1" margins) describing how you will use newly acquired knowledge and skills to improve or lead Infection Control Practices.

Funding Program B: Reimbursement of registration fee for CHICA - Canada National Education Conference or equivalent (up to \$1,500 per person to a maximum of 15 individuals/year):

1. Official proof of payment from CHICA.-Canada
2. A one-page letter (12 font, double-spaced, 1" margins) describing how you will use newly acquired knowledge and skills to improve or lead Infection Control Practices.

Name of Infection Control Practitioner Program or CHICA-Canada Conference	Educational Facility	Course Start Date (mm/dd/yy)	Course Completion Date (mm/dd/yy)	Tuition (only)
Total				

Eligibility Criteria Program C: Successful Certification/Re-certification as Infection Control Practitioner

Program C: Certification/Re-certification

Funding Program C: Infection Control Practitioner Certification/Re-certification Fee Reimbursement (up to \$400.00 per person to a maximum of 25 individuals/year):

1. Official proof of payment from certifying body.
2. Official Infection Control Practitioner Program Certification/Re-certification Certificate.
3. A one-page letter (12 point font, double-spaced, 1" margins) describing how successful completion of ICP Certification will enable you to improve or lead Infection Control Practices.

Name of Certifying Body: Certification Board of Infection Control and Epidemiology, Inc.	Certification Date (mm/dd/yy)	Certification or Recertification Fee (In Canadian dollars)

I certify that the enclosed information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I am aware I may be asked to participate in a follow up evaluation.

Signature of Applicant

Date

Please return to: Registered Nurses' Foundation of Ontario, 1 Concorde Gate, Suite 109, Toronto, ON, M3C 3N6
Tel: 416-426-7127, Email: info@rnfoo.org, FAX #: 416-426-7280, Website: www.rnfoo.org