

SARS-Rolling Stones Infection Control and Prevention Fund

Background: The SARS-Rolling Stones Infection Control and Prevention Fund provides **reimbursement funding for specified tuition/certification/professional development expenses to Certified Infection Control Practitioners or practicing health professionals from any discipline, who are currently employed in Ontario.** The Fund also supports continuing education, participation in, or coordination of, conferences, educational projects, and research. The Awards are sponsored by the Ontario Ministry of Health & Long-Term Care, and are funded from Molson Canada SARS concert (2003) and from the sales of a DVD produced at the time of the Rolling Stones 2003 SARS Benefit Concert in Toronto. The Registered Nurses' Foundation of Ontario is responsible for the administration of the awards. Applications are reviewed by a multi-disciplinary committee. Decisions of this committee are final and not subject to appeal. Individual candidates may request up to \$2,000. Group or organizational candidates may request up to \$5,000. In both cases, candidates must declare any other source(s) of funding in support of their initiative.

Application Process:

1. Applications will be reviewed quarterly and must be faxed, received by e-mail, or postmarked by January 1, April 1, July 1, or October 1 for each review process. Requests for reimbursement of expenses for events, courses or certification completed more than 12 months before the application due date will not be considered.
2. Income tax receipts will be issued for all awards, as required by CRA.
3. Applicants must identify and declare other sources of funding (e.g. employer, grant monies) for the study or event.

To apply:

1. Complete all application criteria requested on the application form. Your Social Insurance Number is required for income tax purposes. You must submit all 3 pages of this application form.
2. Attach receipts for all claims (tuition, conference attendance, certification), and any other documentation noted in the appropriate Funding Program.
3. Provide proof of successful completion of education program or components of program, (including conferences) or certification/recertification process.
4. Note: proof of current employment in Ontario may be requested.

Personal Information:

Social Insurance #:		Title:	
Surname:		Given Name(s):	
Mailing Address:			
City:		Province:	
		Postal Code:	
Email:		Daytime Phone #:	
		Other Phone #:	

Employment Information

Is the focus of your primary role infection prevention and control? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Current Position: _____	
Current Employer: _____	
Employment Setting (Please check one) <input type="checkbox"/> Community <input type="checkbox"/> Public Health <input type="checkbox"/> Hospital <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other (specify): _____	Professional Background/Activity (Please check all that apply) <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): _____

Application Guidelines

Summary of all 5 Funding Programs:

Funding Program A: Expense reimbursement to support continuing education and IPAC (Canada National Education Conference or equivalent) conference attendance/participation

Funding Program B: Expense reimbursement to support successful completion of a formal Infection Control Practitioner Education Program that is recognized by IPAC Canada

Funding Program C: Expense reimbursement to support successful Certification/Re-certification as Infection Control Practitioner

Funding Program D: Grants to groups or organizations for developing or coordinating conferences or equivalent for professional development

Funding Program E: Grants for research aimed at advancing professional practice in Infection Control

Note that reimbursement for courses includes the tuition fees only; miscellaneous fees (alumni, campus, etc) are excluded.

Funding Program A provides expense reimbursement to individual **practicing health care professionals** from any discipline, who are **currently working in Ontario**, to support continuing education and conference participation in programs recognized by IPAC Canada. Individuals will be funded up to \$2000.00 per person. Eligible expenses for conferences include registration, accommodation and transportation; for courses, only tuition will be reimbursed. Candidates must demonstrate how their course of study, or conference participation, will contribute to advancing professional practice in Infection Control in their healthcare environment. In addition to this form, the following must be included in the application package:

1. Official proof of payment from educational/hosting institution.
2. Documentation validating successful course completion or conference attendance (proof of registration is not sufficient).
3. A one-page letter (12-point font, double spaced, 1" margins) describing how you will use newly acquired knowledge and skills to advance professional practice in infection control. *This letter should be customized describing application of knowledge and skills to your own practice.*

Funding Program B: Infection Control Practitioner Program Tuition Reimbursement (up to \$2,000.00 per person). Successful completion of a formal Infection Control Practitioner Education Program that is recognized by IPAC Canada

1. Documentation / Official proof of payment from educational institution.
2. Documentation validating successful course completion, and copy of certificate.
3. A one-page letter (12-point font, double spaced, 1" margins) describing how you will use newly acquired knowledge and skills to improve or lead infection control practices. *This letter should be customized describing application of knowledge and skills to your own practice.*

Complete this section if you are applying for funding under Program A or B:

Name of Infection Control Practitioner Program or Conference	Educational Facility or Sponsoring Organization	Course/Conference Start Date (mm/dd/yy)	Course/Conference End Date (mm/dd/yy)	Total Amount Claimed (receipts required)

Funding Program C: Successful Infection Control Practitioner Certification/Re-certification Fee Reimbursement (up to \$450.00 per person):

1. Documentation / official proof of payment from certifying body. This is usually **paid in US funds: please document Cdn equivalent** (a screen shot or scan of the transaction on your credit card is the easiest way to do this).
2. Documentation / copy of notice indicating 'Pass' on the exam. Your certification will be verified through CBIC.
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. *This letter should be customized describing application of knowledge and skills to your own practice.*

Complete this section if you are applying for funding under Program C:

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

Applicants for **Programs D and E** must submit a comprehensive project report at the conclusion of the project/conference, or annually should the duration of the project/conference development/coordination extend beyond one year. Applicants must submit invoices/receipts for the amounts outlined in the budget.

Funding Program D provides grants to groups or organizations for the purpose of developing and coordinating conferences or equivalent professional development venues that serve to support the advancement of professional practice in Infection Control. Groups or organizations will be funded up to \$5000.00. The following must be included in the application package:

1. Project proposal that outlines the project: goals, implementation plan, target audience, detailed budget and plan for evaluating the effectiveness of the project in advancing professional practice in Infection Control.
2. Description of each member of project team.

Funding Program E provides grants to individuals or groups for the purpose of conducting research aimed at advancing professional practice in Infection Control. Individuals or teams will be funded up to \$5,000. Proposals must demonstrate how the study will contribute to advancing professional practice in Infection Control in their health care environment.

Along with this application form, the application package must include a research proposal that provides the following:

- a. Context and literature review
- b. Study goals and objectives
- c. Methodology
- d. Data Analyses
- e. Dissemination Plan
- f. Description of individual research team members.
- g. Itemized budget
- h. Proof of ethics approval

For all Applicants:

Have you received funding from any other source for this program or conference? Yes No

If yes, please provide full accounting on a separate page: costs incurred, contributions received, amount not yet covered.

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.

Signature of Applicant

Date

Contact: RNFOO, Infection Control Awards 7270 Woodbine Ave, Suite 305, Markham, ON, L3R 4B9

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