APIC ATLANTA Guidelines

POLICY: Educational Support

PURPOSE: Educational Support is awarded following request (or annual drawings), to an individual APIC member for educational advancement. An application for support must be approved by the Board. The Support is for course registration in the amount of up to $500. A maximum of two awards (in addition to the drawings) will be granted annually based on available funds.

RECIPIENT CRITERIA:
1. Must be an active member of APIC.
2. Must be currently employed as an Infection Prevention Professional.
3. Must lack other readily available resources.
4. Must meet application deadline requirements.

APPLICATION CRITERIA:
1. Applications will be considered for the following educational offerings:
   a. APIC educational offerings
   b. GIPN educational offerings
   c. SHEA educational offerings pertaining to Infection Prevention
   d. CDC educational offerings pertaining to Infection Prevention
   e. Other Infection Prevention educational offering which meets the criteria and is approved by the Board (i.e. LTC, Public Health, Public Safety, Home Health, etc.)
2. A completed application form should be submitted to the Board two (2) months prior to the event date.
3. The completed event registration form must be received with application
4. Membership will be validated by the Board.
5. The applicant will be notified in writing or by email by the Board within one (1) week of review.

REQUIREMENTS:
1. Applicant must agree to provide a short educational session to an Atlanta APIC meeting upon completion based on the knowledge gained from the offering.
2. Educational Support funds may be awarded in advance or reimbursed as determined by the Board.
3. Proof of registration/attendance to training must be submitted to receive reimbursement.
4. If funds are awarded in advance of the offering and recipient does not attend, refund of monies will be required within sixty (60) days.
5. If recipients of drawings cannot attend the offering awarded, the individual must notify the Board as soon as possible. The award is not transferable.
6. Educational Support funds may not be awarded to an individual member more often than every five years.
APIC ATLANTA
APPLICATION FOR EDUCATIONAL SUPPORT

Educational Offering Requested (Attach brochure):

____________________________________________________________________________

Name: ________________________   _______________________   _________________

                      Last                    First                    Middle

APIC Member Number: __________

Home Address: _______________________________________________________________

____________________________________________________________________________

Business Name and Address: ____________________________________________________

____________________________________________________________________________

Job Title:__________________________________________________________

Home/Cell Phone (   )_______________   Work Phone (   )_______________

FAX: ________________________________________________

E-mail: ________________________________________________ (Prefer personal)

Have you received a scholarship from APIC within the last 5 years? __________

Have you requested funds for this conference from your institution
and been denied? __________

How will attending this educational offering benefit you and your ability as an
Infection Preventionist?

____________________________________________________________________________