

## Appendix IIIB: Application Form Request for Education Funding Reimbursement

*Please submit this form to the current IPAC NA Treasurer.*

<b>Name:</b>	<b>Position:</b>
<b>Professional Designation:</b>	<b>IPAC-NA Member #:</b>
<b>Mailing Address:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Employer / Facility:</b>	

### **Eligibility Criteria:**

1. The applicant must be an IPAC NA chapter member in good standing. In order to qualify as a member in good standing, the member must fulfill at least two of the following:
  - Be a member of IPAC NA for two consecutive years, including the year of application
  - Have regularly attended IPAC NA chapter meetings (present in at least three per calendar year either in person or online)
  - Past / present member of the IPAC NA Executive Committee
  - Have presented a topic in the IPAC NA chapter meeting in collaboration with the IPAC NA Education Committee
2. The course / conference must provide education and / or training that is IPC related
3. Applicants must declare all current or pending funding overlaps when submitting the application. Applicants who will be receiving funding from another source may not receive additional funding from IPAC NA
4. Reimbursement for an approved grant will occur upon receipt of original receipts, to be submitted within four weeks following the event

**Please note that applicants who not have received any funding will be prioritized over applicants who have already received funding in the past.**

I, \_\_\_\_\_, am requesting the total amount of \$ \_\_\_\_\_ as a funding reimbursement for the following activity:

- CBIC Certification Exam
- IPC-related Course / Conference:

\_\_\_\_\_

- Others:

\_\_\_\_\_

**Funding Specifics and Declaration:**

Expense Specifics	
Tuition / Registration	\$
Meals	\$
Transportation, Parking, or Mileage (At Revenue Canada Mileage)	\$
Accommodation	\$
Others	\$
<b>Total:</b>	<b>\$</b>

Funds Paid By:	
Self	\$
Employer	\$
Others	\$ Paid by: _____
	\$ Paid by: _____
<b>Total:</b>	<b>\$</b>

**Reimbursement Preference**

If successful I prefer:

Mailed cheque to:

E-transfer to:

I declare that:

- I have not previously received any funding reimbursement from IPAC NA
- I have previously received funding reimbursement from IPAC NA. Details are outlined below:

- By checking this box, I have enclosed an official receipt / statement which proves that I have incurred the expenses for this event and have successfully completed the said activity

- By checking this box, I am agreeing to present to a IPAC NA Chapter Meeting to be scheduled in discussion with the IPAC NA Executive
- By signing this submission, I agree that I have read and complied with the eligibility requirements and that the information I provided is truthful

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**Member Signature**

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**Date**

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**To be completed by the IPAC NA Treasurer:**

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Date request received: \_\_\_\_\_

Funding amount requested: \_\_\_\_\_

Has this applicant been previously funded by IPAC-NA?

Yes, the last funding was provided on \_\_\_\_\_ for \_\_\_\_\_

No, this is the first time the applicant has applied for funding

Is there an official receipt / statement attached to this request?

Yes

No, explanation: \_\_\_\_\_

Is the applicant's attendance to the event verified?

Yes, the following person/s have verified the applicant's attendance: \_\_\_\_\_

No

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**To be completed after discussion with the IPAC NA Executive:**

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Date request received: \_\_\_\_\_

Funding amount approved: \_\_\_\_\_

Presentation planned: \_\_\_\_\_

Comments:

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**IPAC NA President**

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**IPAC NA Treasurer**