



Scoring Matrix: IPAC Canada National Conference Funding Request

Applicant Name: _____

Email address: _____ Phone Number: _____ Ext. _____

Current Member of IPAC SWO: Yes No Member since: _____

Criteria

1. Member of IPAC SWO:

- <1 year [0 points]
- 1-2 years [1 point]
- 3-4 years [2 points]
- 5 or more years [3 points]

/3

2. Actively involved in IPAC SWO: [Maximum of 4 points]

- Executive [4 points]
- Member of education committee (and not on the executive) [2 points]
- Member of a special interest group who provides updates to the membership [1 point each to a maximum of 2 points]. Please identify the special interest groups:

1. _____

2. _____

/4

3. Attendance at IPAC SWO Chapter Meetings/Education Day/Session:

- Regular attendance (>50%) in previous year [3 points]
- Occasional attendance (<50%) [1 point]

/3

4. Abstract, poster or oral presentation for the up-coming IPAC Canada National Conference:

- Yes [3 points]
- No [0 points]

/3

5. Received previous conference funding by IPAC SWO:

- 1-2 years ago [1 point]
- >2 years ago [2 points]
- No previous funding [3 points]

/3

<p>6. Provided education session to the Chapter in past two years:</p> <p><input type="checkbox"/> Yes [2 points]</p> <p><input type="checkbox"/> No [0 points]</p>	/2
<p>7. Financial Need:</p> <p><input type="checkbox"/> Receiving no other assistance [5 points]</p> <p><input type="checkbox"/> Receiving assistance from other sources [2 points]</p>	/5
<p>8. CIC Certified:</p> <p><input type="checkbox"/> Yes [4 points]</p> <p><input type="checkbox"/> No [0 points]</p>	/4
<p>9. Please state how attending the conference will fulfill your: [1 point to be awarded for each of the following themes to a maximum of 3 points]</p> <p><input type="checkbox"/> Professional development and accountability [1 point]:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Expansion of IPAC knowledge for application in workplace [1 point]:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Commitment to public health/patient safety & building of culture to support it [1 point]:</p> <p>_____</p> <p>_____</p>	/3
Total Points Earned - <i>for office use only</i>	/30

Signature of Applicant

 Date

Signature of Reviewer – PRESIDENT

 Date

Signature of Reviewer – PRESIDENT-ELECT

 Date