

2018 IHCA / Idaho HAI Infection Control Educational Scholarship

Request for Partial Registration Reimbursement

(Submit after all items are completed.)

Facility Name:	Contact person:
Mailing Address:	Phone number:

Please submit:

- Proof of Registration/ AHCA Tuition paid in full...copy of AHCA receipt attached.
- Proof of successful completion of the course (Copy of the AHCA Certificate of Completion)

Note: AHCA Infection Preventionist Specialized Training course completion must occur within 9 months of the date the registrant starts the program. Participants must complete all training modules and successfully pass quizzes and final test with a grade of 80 or above to receive a certificate of completion from AHCA.

Idaho HAI Scholarship program requests MUST be received in the IHCA Office by: December 15, 2018.

Upon receipt & acceptance of the above supporting documentation, IHCA will reimburse the first twenty-four [24] facilities that submit all documentation requested, \$225 of the cost of the registration.

Administrator Name (Please Print)

Participant Name (Please Print)

Administrator Signature

Participant Signature

Date

Date