

## Application Form – Long Term Care Scholarship

<b>Name:</b>	
<b>Facility/Organization:</b>	
<b>Preferred Mailing Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>ZIP Code:</b>	
<b>e mail:</b>	
<b>Phone:</b>	
<b>Number of Years in Health Care:</b>	

**Please check all categories that apply & provide requested information**

Educational Background	Travel Time to Mpls/St.Paul
LPN	Distance 3 or > hrs
RN	2-3 hrs
Lab Tech	1-2 hrs
Baccalaureate	Regional IC Meetings, if applicable
Masters	Attend regularly
PhD	Coordinates
#Years worked in Infection Prevention/Control	Job Responsibilities
10 or > yrs	Only ICP for Facility
6-9 yrs	Emp Health Nurse (Primary)
2-5 yrs	Other
< 2 yrs	
Infection Control Education & Training	Facility Type (check all that apply)
EPI 2	Long Term Care (skilled)
EPI 2	Assistant living
Other (list)	Adult day health services
None	Memory care unit
Infection Control Certification	Approx number employees
5 or > yrs	> 1000
2-4 yrs	500-1000
< 2 yrs	< 500
APIC MN membership	Long term care beds in your facility
# of Years	1-50
APIC-MN Monthly Meeting Attendance	50-150
5 or > mtgs / Yr	150 or more
3-4 mtgs / Yr	
1-2 mtgs/ Yr	
APIC-MN Fall Conference Attendance	Prior LTC Scholarship Applications
attended 4 or more	3 or fewer
attended 1-3	1-2
APIC-MN Committee Involvement	Never
# of yrs on any committee	
# of yrs committee chair	
News & Views Editor	