

#### Scholarship Opportunity Overview

The National Indian Health Board (NIHB) is offering a scholarship opportunity for Tribal infection control officers and health officials to complete online infection control training courses Scholarship funds can also be used to complete either the Association of Professional in Infection Control and Epidemiology (APIC) certification, the Certification Board of Infection Control and Epidemiologists (CBIC) certification exam, or the Certified in Dental Infection Prevention and Control (CDIPC) exam.

NIHB will fund up to **9 CBIC or CDIPC exam fees and up to 35 online training course fees.**

**Eligibility**

In order to be considered eligible for this funding opportunity the following two criteria must be met:

* Applicants must be employed at a Tribal healthcare facility.
* Applicants must be Tribal infection control officers, health officials that manage or supervise infection control operations, or other staff that have been temporarily given this responsibility due to the COVID-19 pandemic.
* Applicants must plan on remaining employed with the Tribe for at least 6 months following completion of the training or certification.

Eligible for scholarship:

* Online infection control training courses
  + [APIC Online Learning](https://apic.org/education-and-events/online-learning/)
  + [APIC Bundled Learning](https://apic.org/education-and-events/bundled-learning-options/)
* CBIC certification exam fees (<https://www.cbic.org/CBIC.htm>)
* CDIPC certification exam fees (<https://dentalinfectioncontrol.org/certification/cdipc>)

#### Training Requirements

Selected applicants must:

* Submit a completed scholarship application. All sections of the form need to be completed. Incomplete applications will not be reviewed.
* Provide all required documentation:
  + Completed scholarship application
  + Once scholarship application is submitted and reviewed the applicant will be notified via email with a decision. If the scholarship is awarded to the applicant a check will be mailed in the amount of the course or exam fee **after** the training or certification exam has been completed. **A completion certificate must be submitted to NIHB**.
  + Submit a completion certificate to NIHB after training. Send a copy of the certificate to Carmen Sanders at[csanders@nihb.org](mailto:csanders@nihb.org). .

#### Application Process

1. Complete the application package (Appendix A). The following will comprise a complete application package:

* Application, Section A: Tribe and Contact Information
* Application, Section B: Training description
* Signed letter of support from Tribal Health Director or Tribal Infection Control Officer (**that includes a declaration of intent to remain in employment with the Tribe for at least 6 months after the completion of the training or certification exam**).
* Other Supporting Documentation

1. Applications will be accepted on a rolling basis. Submit all sections of the project application (as a single Microsoft Word document), the letter of support, and all other additional materials to Carmen Sanders, [csanders@nihb.org](mailto:csanders@nihb.org). The subject line of the e-mail should read: **“IPC Training Scholarship Application”.** No applications will be accepted by fax or postal mail. NIHB shall confirm the receipt of all applications.

#### Selection Process

* All complete applications will be reviewed by a team of qualified public health professionals.
* Incomplete application packages will not be reviewed, nor considered for selection.



**Instructions**: Fill out this application in its entirety by typing directly onto this document. Submit all sections of the application package (as a single Microsoft Word document), the letter of support, and additional materials, such as letter of support from a consultant or outside contractor to [Carmen](about:blank) Sanders, [csanders@nihb.org](mailto:csanders@nihb.org). The subject line of the e-mail should read: ‘‘**IPC Training Scholarship Application’**. No applications will be accepted by fax or postal mail.

| **SECTION A (required): CONTACT INFORMATION** | | |
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| **Name of Tribe**: | | Click here to enter text. |
| **Contact Information**  Contact information for the individual to be contacted for notification of application status: | | **Name**: Click here to enter text. |
| **Title**: Click here to enter text. |
| **E-mail Address**: Click here to enter text. |
| **Phone Number**: Click here to enter text. |
| **Mailing Street Address**: Click here to enter text. |
| **City, State, Zip Code**: Click here to enter text. |
| **Job Title/Occupation:** Click here to enter text. |
| **Contact information for the Tribal Infection Officer:** | | **Name**: Click here to enter text. |
| **Title**: Click here to enter text. |
| **E-mail Address**: Click here to enter text. |
| **Phone Number**: Click here to enter text. |
| **Tribal healthcare facility:** | | **Name**: Click here to enter text. |
| **Mailing Street Address**: Click here to enter text. |
| **City, State, Zip Code**: Click here to enter text. |
| **Total Tribal enrollment**: Click here to enter text. | | **Resident population:** Click here to enter text. |
| **Approximate population size served by healthcare facility(number):** | | Click here to enter text. individuals |
| **Name and Address where funding check should be sent should scholarship be awarded:** | | **Pay to the order of**: Click here to enter text. |
| **Mailing Street Address**: Click here to enter text. |
| **City, State, Zip Code**: Click here to enter text. |
| **TRAINING PARTICIPANT CONTACT INFORMATION** | | |
| **Contact information for the individual completing the training or certification:** (if the same as above, then leave all fields blank). | Name: Click here to enter text. | |
| Title: Click here to enter text. | |
| E-mail Address: Click here to enter text. | |
| Phone Number: Click here to enter text. | |
| Mailing Street Address: Click here to enter text. | |
| City, State, Zip Code: Click here to enter text. | |
| Job Title/Occupation: Click here to enter text. | |

| **SECTION B (required): TRAINING DESCRIPTION** | |
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| **Title of Training/Certification:** | Click here to enter text. |
| **Trainer Provider (i.e. CDC, APIC, etc.):** | Click here to enter text. |
| **Certification (CBIC,APIC, or CDIPC):** | Click here to enter text. |
| **Length of Training (if applicable):** | Click here to enter text. |
| **Date(s) of Training/Certification Exam** | Click here to enter text. |
| **Cost of Training/Certification Exam:** | Click here to enter text. |
| **TRAINING SUMMARY *(250 words maximum)*** | |
| **Please add a brief description of the training and/or certification and how it will lead to an increase in knowledge and raise the collective capacity of infection control at your facility. Please include how training or certification will be applied to your work and improve your ability to prevention infections.**    Click here to enter text. | |
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| **SUPPORTING DOCUMENTATION** | |
| Please select the corresponding box for all supporting materials being submitted with the application package (they can be added as additional pages to this document or as a separate PDF).  ☐ Letter of Support from Tribal Health Director/Tribal Infection Control Officer (**required**). The signed letter of support must be from the Tribal health department’s director or CEO, the chair of the Tribal Health committee, Tribal Infection Control Officer, or other Tribal official that oversees all or a portion of the infection prevention and control (IPC) activities. The letter should include the governing body’s awareness of and/or support for IPC trainings or certification.  ☐ Training agenda/schedule (if applicable)  ☐ Certification exam registration (if applicable) | |