Date:

To whom it may concern:

As the Nursing Home Administrator of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I would like to apply for the educational stipend offered by Colorado Health Care Association (CHCA). I understand that this stipend is intended to provide financial support for staff members who will participate in the infection prevention program and/or activities within my facility. The educational stipend is available to health care workers following the successful completion of the American Health Care Association (AHCA), online Infection Preventionist Training Course by the health care worker named in the facility application.

I understand that the AHCA course will provide specialized training for healthcare professionals who seek to serve as Infection Preventionists. Through this Infection Preventionist Specialized Training (IPCO) course, individuals will be specially trained to effectively implement and manage an Infection Prevention and Control Program at their skilled nursing center. I understand that the course is an online, self-study program with 23 hours of training. As the Nursing Home Administrator, I fully support\_\_\_\_\_\_\_name of health care worker\_\_\_\_\_\_\_\_\_\_, participating in the IPCO course.

I understand the following rules of participation apply to be eligible to request the educational stipend:

The facility must complete the CHCA application and receive an acceptance notification from CHCA prior to registering for the course;

Reimbursement can be requested only for the individual health care worker listed on the letter of support/application;

Training must be successfully completed no later than May 30, 2021.;

Request for reimbursement and certificate of successful completion, must be received by no later than June 15, 2021. If the facility is unable to provide proof of successful completion by the health care worker prior to June 15, 2021will not be able to reimburse for any associated costs;

The skilled nursing facility must pay all registration fees associated with the training in advance. Reimbursement will be provided to the licensed facility only, reimbursement cannot be provided to the individual health care provider.

Reimbursement for AHCA members will be $450.00 and non-members $650.00.

I understand the rules of participation, and would like to apply for the educational stipend offered by CHCA on behalf of my facility.

Sincerely,