

**Application**

**February 2012**

**Infection Prevention Certificate Course**

Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Area of Employment:

- Long Term Care
- Behavioral Health
- Rehabilitation
- Home Care
- Acute Care
- Other

Location: to be announced

Date: Fridays, February 24- March 23

Time: 9 a.m. to 3:00 pm

Instructor: Karen M. Taylor RN-BC,MSN,CIC

Cost: \$ 500

\$450 if payment received before January 31, 2012

Please send application and check payable to: *Taylor Healthcare Associates, LLC*

*PO Box 23*

*Northford, CT 06472*

*27 contact hours awarded*

*Required reading assignment before the start of class*

*Confirmation email will be sent if application accepted*