

**CHICA-Canada**  
**Endorsement of Basic Education Courses for Infection Prevention & Control Practitioners**  
**Annual Update Form**

**Educational Institution:**

**Name and position of representative:**

**Mailing address:**

**Telephone:**

**Fax:**

**Email:**

**Date of original endorsement:**

**Date of Annual Update:**

**Name of course and course number (if applicable):**

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**1. Course activity**

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*Please identify when the course was offered in the past year and how many students were initially enrolled and the number who completed the course. If the course was not offered in the past year, please explain why not, and when it will next be offered.*

**2. Course Changes**

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*Have there been major changes in the following since the endorsement was originally granted?*

Curriculum content	<b>Yes</b>	<b>No</b>
Learning objectives	<b>Yes</b>	<b>No</b>
Course delivery methods	<b>Yes</b>	<b>No</b>
Faculty teaching the course	<b>Yes</b>	<b>No</b>
Resources available for teaching the course	<b>Yes</b>	<b>No</b>

*If yes, please describe the changes and the impact they are expected to have on the ability of learners to meet the course objectives.*

### **3. Forward Annual Update**

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*Course Endorsement Review Committee  
Community and Hospital Infection Control Association – Canada  
PO Box 46125 RPO Westdale  
Winnipeg MB R3R 3S3*

**BY COURIER TO: 67 Bergman Crescent, Winnipeg MB R3R 1Y9**

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