

# Badger APIC Community Outreach Program

## Outreach Activity Form

Badger APIC Members who have completed any infection control education, awareness or support activities outside of their own facilities/organization are asked to complete this form and turn into the Membership Committee for tracking.

(Please Print)

Name \_\_\_\_\_

Title \_\_\_\_\_

Your employer \_\_\_\_\_

Date of activity: \_\_\_\_\_ Title/Name of Activity \_\_\_\_\_

About how many people were served in this activity? \_\_\_\_\_

Who was your target audience?  
\_\_\_\_\_

Brief summary of what you did, what needs you met in this activity, (Basic Infection Control awareness, or more specific needs):

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Total number of hours for preparation and presentation: \_\_\_\_\_

Were you reimbursed by your facility for your time in this activity? \_\_\_\_\_

Did you mention APIC during your presentation? \_\_\_\_\_

Did you distribute APIC Membership forms? \_\_\_\_\_

You may attach a copy of your Power Point or other material if you wish. If you received an evaluation from your audience please include that or any comments you received from your presentation.

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Thank you for your efforts to promote infection control education in your community.

This information will help is in our efforts to achieve Chapter Excellence.