



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):

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.

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.