****

**STEERING COMMITTEE APPLICATION**

**PURPOSE OF PROJECT FIRSTLINE** The project aims to implement a multi-pronged approach to providing infection prevention and control (IPC) training and technical assistance to Tribal health officials and Tribal health systems. The goal is to increase knowledge and improve practice of IPC within Tribal health facilities and among Tribal health staff. The main objectives are: 1.) to implement a training and capacity building assistance program to raise the capacity of Indian health infection control professionals and health providers; and 2) develop and/or adapt existing materials to inform Tribal health professionals about important components of IPC. Activities to aid in building capacity include a mentorship program between infection control professionals and Tribal health officials who are new or expanding their knowledge on infection control practices.

**The Objectives of the Steering Committee are to:**

* Assist in the development and implementation of a training and capacity building assistance program to raise the capacity of Indian health infection control professionals and health providers
* Support the development of a career pathway and growth in Tribal IPC Programs

Review materials, inform project activities, and serve as a subject matter expert panel to assure that NIHB staff are being accurate, addressing real needs, and are responsive to the realities of Tribal infection control programming.

**Key Points of Steering Committee:**

* Enables advisors to establish a relationship and give back to the communities they serve
* Develops leadership skills
* Promotes involvement and awareness of Tribal Infection Prevention and Control

**Eligibility for Steering committee**

* Successful applicants must possess current knowledge and expertise in infection control practices, clinic management, and/or Tribal capacity building. NIHB is looking for a diverse group of people to make up this committee, including, but not limited to Tribal infection control officers, health officials that manage or supervise infection control operations (or other staff that have been temporarily given this responsibility due to the COVID-19 pandemic), training and capacity building assistance professionals, and health systems experts.
* Letter of support from the Tribe or Tribal organization you are representing stating how your experience and ability to provide input on the project will contribute to the betterment of all Tribes and Tribal health systems.

**Steering committee** **Responsibilities**

* Commit to at least one meeting a month
* Share your expertise as an advisor with NIHB staff and other committee members
* Contribute to building Tribal capacity to improve infection control within Tribal health facilities and among Tribal health staff
* Identifying gaps in Tribal infection control practices and systems, and the best ways to address those gaps
* Assist with developing, adapting, and/or reviewing video and print materials to inform Tribal health professionals about important components of IPC
* Informing the mentorship program and learning community structure and content
* Attend a one-day Tribal infection control institute
* *Optional: Steering committee members have the option to serve as a program mentor, as well*

**NIHB Responsibilities**

* Support Steering Committee members travel to attend the Tribal Infection Control Institute
* Will provide $3,000 per grant year to advisor or Tribe or Tribal Organization (if unable to accept financial payment) to support time and work with Steering Committee
* Organize and facilitate meetings including arranging dates and times and determine meeting platform

****

**Tribal IPC Steering Committee Program Application**

**Instructions**: Fill out this application in its entirety by typing directly onto this document. Submit all sections of the application package (as a single Microsoft Word document) to Carmen Sanders, at csanders@nihb.org. The subject line of the e-mail should read: ‘‘IPC Steering Committee Application’.

|  |
| --- |
| **SECTION A (required): CONTACT INFORMATION** |
|  |
| **Today’s Date**: Click here to enter a date. |
| **Contact Information**Contact information for the individual to be contacted for notification of application status: | **Name**: Click here to enter text. |
| **Title**: Click here to enter text. |
| **E-mail Address**: Click here to enter text. |
| **Phone Number**: Click here to enter text. |
| **Mailing Street Address**: Click here to enter text. |
| **City, State, Zip Code**: Click here to enter text. |
| **Tribal Affiliation (if applicable):** | Click here to enter text. |
| **Years of experience in infection prevention and control or related field:** | Click here to enter text. |
| **IHS Service Area you where you primarily work:**  | **IHS Area**: Click here to enter text. |
| **Employer:** | **Name**: Click here to enter text. |
| **Mailing Street Address**: Click here to enter text. |
| **City, State, Zip Code**: Click here to enter text. |
| **Job Title/Occupation:** Click here to enter text. |
| **What is your primary practice setting**: [ ]  Small hospital [ ]  Large hospital [ ]  Critical Access Hospital [ ]  Long-term Acute Care [ ]  Long-term Care [ ]  Ambulatory Care [ ]  Pediatrics [ ]  Behavioral Health [ ]  Dental care setting [ ]  Other If Other, please list here: Click here to enter text. |

|  |
| --- |
| **SECTION B (required): AREAS OF EXPERTISE** |
| Infection Prevention Programs | Infection Prevention Essentials |[ ]
|  | Infection Prevention Program Management and Leadership |[ ]
|  | Exposure Management (e.g., HIV, HCV, Meningococcal disease) and Occupational Health |[ ]
| Clinical Practice Settings | Ambulatory Care |[ ]
|  | Post-Acute Care |[ ]
|  | Adult Acute Care |[ ]
|  | Pediatric Acute Care |[ ]
|  | Dental Care Setting |[ ]
|  | Other: Click here to enter text. |[ ]
|  |
| **SECTION C: INTEREST STATEMENT (*250 words maximum*)** |
| **Please add a brief description of your interest in the Steering Committee program and how you can contribute to** **increasing knowledge and improving the practice of IPC within Tribal health facilities.** Click here to enter text. |

|  |
| --- |
| **SECTION D (required): EDUCATION/HONORS** |
| **Bio (*150 words maximum*)**Click here to enter text. |
| **Education(list schools, degree, program/concentration, and year completed)**Click here to enter text. |
| **Professional Associations, Affiliations, and Certifications (list name/title, position (if applicable), and years)**Click here to enter text. |

|  |
| --- |
| **SUPPORTING DOCUMENTATION (required)** |
| Please include:[ ] Aa Letter of Support from Tribe/Tribal organization representing (this can be added as a separate document or PDF).[ ]  An up-to-date resume or CV with the application package (they can be added as additional pages to this document or as a separate PDF).  |