



Rocky Mountain Infection Control Association
 PO Box 57964 • Murray, UT 84157-0964

2010 MEMBERSHIP INFORMATION

Rocky Mountain Infection Control Association, a non-profit organization, is proud to serve the needs of the infection control practitioner in the Intermountain West.

It is the mission of RMICA to promote and facilitate education related to infection control and epidemiology to infection control practitioners, regardless of practice setting. Through this mission, RMICA endeavors to improve and enhance the quality of care provided to patients by healthcare providers and decrease the risk of occupational exposures associated with the delivery of patient care.

BENEFITS

- Reduced tuition for all RMICA programs, including:
 - Annual Infection Control Update educational conference each spring
 - Infection Prevention and Control programs in various rural locations throughout the year
 - Annual New Infection Control Practitioner Course
 - Annual review course for certification exam
- Networking between practitioners including consultation and problem solving
- Speaker's Bureau- experts available to speak upon request at no charge to the facility
- New Practitioner's Handbook available to members for a nominal fee

MEMBERSHIP FEE

Annual membership fee is \$35 per person, due each January. All fees are used to fund RMICA conferences and activities. **Please make your check payable to RMICA** and mail to the address printed below.

Send check and application to:

**2010 RMICA Membership Committee
 PO BOX 57964
 Murray, UT 84157-0964**

PLEASE PRINT OR TYPE:

New Member _____ Renewing Member _____ Amount enclosed: \$ _____ Check Number: _____

Name _____ Title _____

Facility Name _____ Number of Beds in Facility _____

Mailing Street Address: _____ Home address? Yes _____ No _____

City _____ State _____ Zip _____

Day Phone _ (_____) _____ Fax # _____

E Mail Address _____

THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSES ONLY

Certified in Infection Control? Yes ___ No ___ Highest Degree Held _____ Discipline: RN ___ LPN ___ MT ___ MD ___ Other _____

Place of Employment: Please check

University Hospital _____ Community Hospital _____ Military Hospital _____ Mental Health _____

Federal Hospital _____ County Hospital _____ State Hospital _____ Quality Assurance _____

Extended Care _____ Academic Institution _____ Public Health _____ Self-Employed _____

Surgical Center _____ Retired _____ Other (specify) _____

Number of Years in infection control _____ Hours worked per week in infection control: _____