



Infection Prevention Resource and Assessment Team

IPRAT Presentation Request Form

Facility Name:

Contact Person:

Contact Person Email:

Contact Person Phone Number:

Preferred Weekday (select any that apply)

Mon. Tues. Wed. Thurs. Fri.

Preferred Time (select any that apply)

Morning Afternoon Night (after 5p)

We are interested in the following education presentations (select all that apply):

Basic Personal Protective Equipment

Bloodborne Pathogen and Sharps Safety

Clean to Dirty Workflow

Cleaning and Disinfection

Extended Personal Protective Equipment

Hand Hygiene

Vaccine Education

Other Comments/Notes regarding Request:

*Please allow 5 business days for processing of request and follow up from an IPRAT representative. Following the approval, the assigned IPRAT representative will call your facility to confirm the date and time of the education session.

-----IPRAT USE ONLY-----

Request Approved and Assigned to IPRAT Team Member:

Date Assigned:

Documented in ATLAS:
