

# EXAMINATION APPLICATION

## INITIAL CERTIFICATION AND LAPSED CERTIFICANTS

<b>PRINT NAME</b>		
Last:	First:	MI:
Designation(s):		Current Title:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female      Date of Birth: Mo: ____ Day: ____ Yr: ____		
<b>HOME MAILING ADDRESS</b>		
Street/P.O. Box:		City:
State/Province:	Country:	Zip/Postal Code:
Daytime Telephone No.:	Evening Telephone No.:	Fax No.:
(    )	(    )	(    )
<b>BUSINESS ADDRESS</b>		
Organization Name:		
Street/P.O. Box:		City:
State/Province:	Country:	Zip/Postal Code:
Business Telephone No.:	Business Fax No.:	E-mail: (required)
(    )	(    )	
Preferred Address: <input type="checkbox"/> Home <input type="checkbox"/> Business		Have you previously taken the CBIC examination? <input type="checkbox"/> Yes, and passed <input type="checkbox"/> Yes, and did not pass <input type="checkbox"/> No If yes, on what date was the examination last taken: _____
Certification for which the candidate is eligible: <input type="checkbox"/> initial certification <input type="checkbox"/> lapsed certification		
<p>In order to qualify to sit for your initial (first time) certification, or if your certification has lapsed and you wish to renew your certification, you must apply to take the computer based test (CBT). In order to be eligible to take the CBT, you must meet ALL of the following requirements:</p> <p><input type="checkbox"/> You are a licensed or certified healthcare professional (including, but not limited to, registered nurse, licensed / registered practical nurse [LPN, RPN], nurse practitioner, physician, medical technologist, respiratory therapist) with current registration in good standing with the appropriate licensing board / certification / governing body (e.g. state/provincial medical licensure; state/provincial nursing association or board, etc.), OR have a minimum of a baccalaureate degree;</p> <p>AND</p> <p><input type="checkbox"/> You are currently working in healthcare;</p> <p>AND</p> <p><input type="checkbox"/> Infection prevention and control is one of your primary roles / responsibilities in your current position;</p> <p>AND</p> <p><input type="checkbox"/> You have had sufficient experience in infection prevention and control, which must include active roles in:</p> <ol style="list-style-type: none"> <li>a. Collection, analysis and interpretation of infection prevention outcome data; AND</li> <li>b. Investigation and surveillance of suspected outbreaks of infection; AND</li> <li>c. At least 3 of the following additional activities:             <ul style="list-style-type: none"> <li>• Planning, implementation and evaluation of infection prevention and control measures;</li> <li>• Education of individuals about infection prevention and control;</li> <li>• Development and revision of infection prevention and control policies and procedures;</li> </ul> </li> </ol>		
<ul style="list-style-type: none"> <li>• Management of infection prevention and control activities;</li> <li>• Consultation on infection prevention and control risk assessment, and prevention and control strategies.</li> </ul> <p>There is no specific time requirement for that defines “sufficient experience.” We emphasize that this certification examination is geared towards the infection preventionist who has had at least two years full-time experience in infection prevention and control.</p> <p>You must include ALL of the following with your completed and signed application form:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of current licensure or certification (hard copy of current standing or submission of a webpage or URL for source verification). For those with baccalaureate degrees, a copy of your diploma /degree is required.</li> <li><input type="checkbox"/> Completed verification statement form (found online under the Candidate Handbook tab) which must be signed by the applicant’s supervisor / director, attesting that the applicant meets all of the requirements above.</li> <li><input type="checkbox"/> For self-employed applicants only: Please provide names of three references (clients) and three client attestation statements for whom you have provided infection prevention and control consultation in the past 2 years. Clients should be asked by the candidate to complete an attestation form (found online under the Candidate Handbook tab) and to forward the completed form directly to the CBIC Office (not to the applicant).</li> <li><input type="checkbox"/> Payment of the required fees for the examination.</li> </ul> <p>Application forms will be rejected for any candidate who does not provide the required documentation and fees. Payment will not be processed for those who do not meet the criteria.</p>		

