



Certification in Infection Prevention and Control

CANDIDATE HANDBOOK

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The Certification Board of Infection Control and Epidemiology, Inc. (CBIC) is a voluntary, autonomous, multidisciplinary board which provides direction for and administers the certification process for infection prevention and control and applied epidemiology. CBIC is independent and separate from any other infection prevention and control-related organization or association. CBIC's certification program is accredited by the National Commission for Certifying Agencies (NCCA). NCCA accreditation signifies that CBIC has met the highest national voluntary standards for private certification. Applied Measurement Professionals, Inc. (AMP), an independent testing agency, provides testing, measurement and processing services to CBIC. CBIC has obtained trademark rights to the CIC® designation.

MISSION STATEMENT

The mission of CBIC is to protect the public through the development, administration, and promotion of an accredited certification in infection prevention and control. CBIC maintains and promotes professional certification of the highest quality through the accomplishment of key objectives.

This handbook contains information about the infection prevention and control certification process developed by CBIC. It is essential that candidates keep it readily available for reference until they have completed the examination. Candidates are responsible for knowing its contents. All previous versions of this handbook are null and void. Expenses incurred in seeking certification may be tax deductible. Please check with a tax advisor. A receipt for tax purposes will be issued upon request.

STATEMENT OF NONDISCRIMINATION

The test is offered to all eligible persons regardless of age, gender, race, religion, national origin or disability.

HOW TO CONTACT CBIC

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 555 East Wells Street
 Suite 1100
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 414/918-9796 Voice
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HOW TO CONTACT AMP

Examination Services
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CERTIFICATION EXAMINATION FEES

First-Time Certifiers.	\$310
<i>(applicants not yet certified)</i>	
Lapsed Certifiers.	\$310
<i>(applicants previously certified but whose certification has expired)</i>	
Recertifying Candidates (Computer-Based Test)	\$275
<i>(recertifying within 5-year cycle)</i>	
International Assessment Center Fee	\$35
<i>(additional)</i>	
Self-Achievement Recertification Examination (SARE) Recertifying Candidates	\$340

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ABOUT THE CERTIFICATION EXAMINATION

The infection control certification examination is the only standardized measurement of the basic knowledge, skills and abilities expected of infection prevention and control professionals. The Computer Based Test (CBT), a computer-based certification examination used for initial (first-time) certification, is available Monday through Saturday at AMP assessment centers throughout the United States and selected international sites. The CBT is available by computer only and is available only in English.

The CBT is an objective, multiple-choice examination consisting of 150 questions (135 of these questions are used in computing the score, as discussed later in this handbook). The examination content is based upon a practice analysis conducted to ensure the content is current, practice-related and representative of the responsibilities of infection control professionals around the world. The practice analysis is a survey conducted by CBIC approximately every five years to assess the current practice of infection prevention and control.

CBIC is responsible for determining the examination content outline and the examination specifications, maintaining an item bank of approved examination questions, approving the individual examination for administration, and setting the passing score for successful achievement.

Individual eligibility for admission to the examination is based on eligibility and admission criteria set by CBIC. AMP is responsible for the computerized testing sites, examination security, examination administration, and the scoring and statistical analysis of the examination.

In addition, CBIC is a Charter member of the Institute for Credentialing Excellence (ICE), formerly known as the National Organization for Competency Assurance (NOCA). CBIC is accredited by the National Commission for Certifying Agencies (NCCA). NCCA accreditation signifies the highest standards for establishing that a valid, reliable, and secure certification process has been fulfilled.

OBJECTIVES OF CERTIFICATION/RECERTIFICATION

The purpose of the certification and recertification process is to protect the public by:

1. Providing standardized measurement of current essential knowledge needed for persons practicing infection prevention and control;
2. Encouraging individual growth and study, thereby promoting professionalism among professionals in infection prevention and control; and
3. Formally recognizing professionals in infection prevention and control who fulfill the requirements for certification and recertification.

Professionals in infection prevention and control must meet the eligibility requirements and pass the CBT to become certified for the first time. Certification in infection prevention and control is valid for five years from the year of successful examination. For example, candidates who certify in 2012 must recertify in 2017, 2022, etc. This is because changes in federal regulations, accrediting standards, healthcare products, and patient care practices occur frequently.

Certified professionals who do not recertify before their current certification period expires will lose their CIC designation as of December 31st of the last year of the current certification period, and are prohibited from using the CIC designation. They must reapply for the CBT and successfully pass the CBT before they can use the CIC designation again.

ELIGIBILITY REQUIREMENTS FOR INITIAL CERTIFICATION

In order to qualify to sit for your initial (first-time) 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:**

1. 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/certification 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 (Bachelor's) degree;
AND
2. You are currently working in healthcare;
AND
3. Infection prevention and control is one of your primary roles / responsibilities in your current position;
AND
4. You have had sufficient experience in infection prevention and control, which must include active roles in:
 - a. Collection, analysis and interpretation of infection prevention outcome data; AND
 - b. Investigation and surveillance of suspected outbreaks of infection; AND
 - c. At least 3 of the following additional activities:
 - Planning, implementation and evaluation of infection prevention and control measures;
 - Education of individuals about infection prevention and control;
 - Development and revision of infection prevention and control policies and procedures;
 - Management of infection prevention and control activities;
 - Consultation on infection prevention and control risk assessment, and prevention and control strategies.

There is no specific time requirement that defines "sufficient experience"; however we emphasize that this certification examination is geared towards the professional who has had at least two years of full-time experience in infection prevention and control.

RENEWING LAPSED/EXPIRED CERTIFICATION

If you have previously been certified but your certification has expired, and you wish to renew your certification, you must apply to take the CBT. The application process will be the same as the process for first-time applicants. In order to be eligible to take the CBT, you must meet ALL of the requirements and submit all of the required documentation as outlined for first-time applicants, as well as the appropriate fee. Required documents must include evidence of licensure / certification or your baccalaureate degree, and a verification statement from your employer verifying your infection control practice experience.

RE-CERTIFICATION

Recertification is required in order to maintain the CIC designation. All currently certified (CIC) professionals in infection prevention and control are eligible for recertification during the year that their current certification is due to expire.

Recertification can currently be achieved either by the CBT or by the Self-Achievement Recertification Examination (SARE). Candidates who have not achieved a passing score on the SARE any time in the past five years that they were certified may NOT use the SARE for recertification, and must recertify using the CBT.

Candidates who *do not* pass the CBT for recertification may not recertify by the SARE during their recertification cycle, but must certify by CBT and can do so at any time before certification cycle ends.

To be considered for recertification, the CBT or SARE must be completed by December 31 of the recertifying year. If candidate fails to successfully recertify by the December 31 deadline, his/her certification will be considered to be expired and the CIC designation can no longer be used. The candidate will then be required to apply for and pass the CBT examination to renew certification and to be able to use the CIC designation again.

The SARE is offered online only in English in a web-based format.

COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are the copyrighted property of CBIC. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject the candidate to severe civil and criminal penalties. Candidates are forbidden from describing the content of questions on the examination.

CERTIFICATION BY COMPUTER-BASED TEST (CBT)

APPLYING FOR THE EXAMINATION

To apply online:

Go to www.cbic.org and select the "Examination Application" link under the Certification, Recertification or My Certification tabs.

- a. Submit a completed application and appropriate documents.

To apply using a paper application:

Complete the paper application, appropriate documents, and mail or fax it to the CBIC Office: 555 East Wells St., Suite 1100, Milwaukee, WI 53202 Fax: 414/276-3349.

You must include ALL of the following with your completed application form:

1. Proof of current licensure or certification (hard copy of current standing or submission of a webpage or weblink for source verification). For those who are not licensed/certified healthcare professionals, a copy of your baccalaureate diploma/degree or transcript is required.
2. Completed attestation statement form which must be signed by the applicant's supervisor / director, attesting that the applicant meets all of the requirements above (see Eligibility Requirements).
3. For self-employed applicants only:
Please provide names of three references (clients) 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 and then forward the completed form directly to the CBIC office (not to the applicant). CBIC Office: 555 East Wells St., Suite 1100, Milwaukee, WI 53202.
4. Payment of the required fees for the examination. If using a paper application, payment in U.S. dollars may be made by personal check, cashier's check, money order or credit card. *Candidates testing at an International Assessment Center will be required to pay an additional \$35 fee.

CBIC reserves the right to verify information supplied by the candidate. An application is considered complete only if all requested information is complete and accurate; if the fees are submitted; and if the candidate is determined to be eligible for the examination. You will receive an automatically generated e-mail informing you of successful submission of your application once the application has been processed. Examination fees for ineligible applications will be refunded minus a \$70 processing fee.

EXAMINATION FEES

Candidates must submit the appropriate fee(s) with a complete examination application.

Examination fees will be forfeited (i.e. will not be refunded) if the eligible candidate who is approved to take the examination 1) does not schedule an examination within the 90-day eligibility period, 2) fails to reschedule an examination within two business days of the scheduled testing session if a change is requested, 3) fails to report for an examination appointment, 4) arrives more than 15 minutes late for an appointment, or 5) fails to present appropriate identification on the day of the examination. If fees have been forfeited and the candidate still wishes to take the examination, a new application and the appropriate examination fee must be resubmitted.

CONFIRMATION OF ELIGIBILITY

Your examination application should not be considered complete until you receive a confirmation notice of eligibility with instructions on how to schedule your examination. A confirmation notice of eligibility is sent by e-mail to the candidate within seven (7) business days of receipt of the application. If eligibility is denied, you will be contacted by CBIC. If a confirmation notice is not received within three weeks of submission, contact CBIC at 414/918-9796 or info@cbic.org.

The confirmation notice will include a web address and toll-free telephone number (US) for AMP, and instructions about how to schedule your exam.

SCHEDULING THE EXAMINATION

A candidate's eligibility is valid for 90 days after receiving the confirmation email from AMP allowing you to schedule your exam.

The examination must be scheduled and taken within this 90 day period. A candidate who fails to schedule an appointment for examination **within the 90-day eligibility period** forfeits his/her examination fees, and must submit a new completed application and the appropriate examination fee in order to schedule an examination appointment.

Candidates can schedule their examination by one of two methods:

1. By phone (US TOLL FREE NO 888/519-9901) (times are in Central Time):
 - 7:00 a.m. to 9:00 p.m. Monday through Thursday
 - 7:00 a.m. to 7:00 p.m. on Friday
 - 8:30 a.m. to 5:00 p.m. on Saturday
2. Online at www.goAMP.com 24 hours a day, 7 days a week.

The candidate must be prepared to confirm a date and location for testing (see below) and to provide her/his Examination Identification Number as a unique identification number.

Examinations in the US are administered by appointment only Monday through Saturday at 9:00 a.m. and 1:30 p.m. Individuals are scheduled on a first-come, first-serve basis. Refer to the chart below.

If the candidate contacts AMP by 3:00pm Central Time on...	Depending upon availability, an examination may be scheduled beginning...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday	Tuesday

Examinations are not scheduled on days when the following US holidays are legally observed:

New Year's Day
Martin Luther King Day
Presidents' Day
Good Friday
Memorial Day
Independence Day (July 4)
Labor Day
Columbus Day
Veterans' Day
Thanksgiving Day (and the following Friday)
Christmas Eve Day
Christmas Day
New Year's Eve Day

After a candidate schedules the examination appointment, he/she will be notified by e-mail of the time to report to the Assessment Center (a valid e-mail address is required). If an e-mail address provided was incorrect or the e-mail notification bounces back, a hardcopy notice will also be sent via regular mail. Candidates who arrive at the assessment center later than 15 minutes from the scheduled appointment time will not be admitted. Unscheduled candidates (walk-ins) will not be admitted to the assessment center.

ASSESSMENT CENTER (TESTING) LOCATIONS

Many of the AMP Assessment Centers in the US are located in H&R Block offices. Detailed maps and directions are available on AMP's Web site (www.goAMP.com). Specific address information will be provided when a candidate schedules an examination appointment.

International Assessment Center

Requests may be made for International Assessment Centers. Reservations for these special sites will require an additional test center fee of \$35.

International Assessment Centers may be arranged for candidates living outside the United States. Candidates may elect to have the CIC® examination administered by computer at an International AMP Assessment Center. For a complete list of International AMP Assessment Centers please visit AMP's Web site (www.goAMP.com). AMP is working toward continued expansion of the Assessment Center Network and CBIC recommends that you continue to check the available list for additional sites.

APPOINTMENT CHANGES

Candidates are permitted to reschedule ONE appointment for the examination **within the 90 day eligibility period** at no charge by calling AMP at 888/519-9901 at least two business days prior to the scheduled examination session. (See table below.) Any subsequent requests (within the same eligibility period) for rescheduling the examination will require payment of an additional fee of \$72.

If the examination is scheduled on...	The candidate must call AMP by 3:00 p.m. Central Time to change his/her reservation by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

Changes are not permitted less than two business days prior to the scheduled examination. A candidate who wishes to reschedule an examination but fails to contact AMP at least two business days prior to the scheduled examination session forfeits the application and all fees paid to take the examination. A new complete application and examination fee are required to reapply for examination.

A candidate who cancels his/her examination after confirmation of eligibility forfeits the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for examination.

SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

In compliance with the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act, special testing accommodations will be considered for individuals with disabilities recognized by the ADA. Request for special accommodations must be made at the time of application. Please complete the forms located in the forms section of the handbook.

AMP will provide reasonable accommodations for candidates with disabilities. Wheelchair access is available at all established assessment centers. Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Candidates requiring special testing accommodations may submit the special needs forms and include them with the completed application and appropriate examination fee at least 45 calendar days prior to the desired examination date. Please inform AMP of the need for special accommodations when scheduling an examination time.

TAKING THE CBT

The CBT examination will be given by computer at an AMP Assessment Center. Candidates do not need computer experience or typing skills to take the examination. On the day of the examination, report to the Assessment Center no later than the scheduled examination time. Look for signs indicating AMP Assessment Center Check-in. A CANDIDATE WHO ARRIVES MORE THAN 15 MINUTES AFTER THE SCHEDULED EXAMINATION TIME WILL NOT BE ADMITTED.

IDENTIFICATION

To gain admission to the Assessment Center, a candidate must present two forms of identification (ID).

The primary form of identification must be a currently valid government-issued photo ID from the state/province/territory, or federal government. Examples of acceptable government-issued ID include a driver's license, provincial health card, passport, military ID, or citizenship card.

Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as the primary form of identification; however, may be used as the secondary form of identification if they are current and include name and signature.

CANDIDATES MUST HAVE PROPER IDENTIFICATION TO GAIN ADMISSION TO THE ASSESSMENT CENTER. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of the examination fee.

SECURITY

AMP administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes. The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room. Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- Only silent, non-programmable calculators without alpha keys or printing capabilities are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.

PERSONAL BELONGINGS

No personal items, valuables, or weapons should be brought to the Assessment Center. Coats must be left outside the testing room. Due to varying temperature conditions within testing centers, it is advisable to dress in layers.

You will be provided with a soft locker to store personal items. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room:

- cell phones or personal communication devices
- cameras, tape recorders, pagers, PDAs
- notes or papers of any kind
- pens or pencils
- wallet
- watches
- keys
- hats

Once you have placed everything into the soft locker, you will be asked to pull your pockets out to ensure they are empty. If all personal items will not fit in the soft locker you will not be able to test. The site will not store any personal belongings.

If any personal items are observed in the testing room after the examination is started, the examination will be forfeited.

EXAMINATION RESTRICTIONS

- You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing.
- No documents or notes of any kind may be removed from the Assessment Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

MISCONDUCT

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded.

Examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular phones, PDAs;
- talk or participate in conversation with other examination candidates;
- give or receive help, or are suspected of doing so;
- leave the Assessment Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings; or
- are observed with notes, books or other aids without it being noted on the roster.

THE EXAM

Practice Examination

After the candidate's identification has been confirmed, he/she will be directed to a testing carrel. He/she will be instructed on-screen to enter his/her Examination ID Number. He/she will be instructed on how to take his/her photograph which will remain on screen throughout the examination session. This photograph will also print on the score report.

Prior to attempting the examination, the candidate will be given the opportunity to practice taking an examination on the computer to familiarize themselves with the testing software. The time used for this practice examination is NOT counted as part of the examination time or score. When the candidate is comfortable with the computer testing process, he/she may quit the practice session and begin the timed examination.

Timed Examination

Following the practice examination, the actual examination will begin. Before beginning, instructions for taking the examination are provided on-screen. The computer monitors the time spent on the examination.

The candidate will have 3 hours to complete the examination. The examination will terminate if testing exceeds the time allowed. Click on the "Time" box in the lower right portion of the screen or select the Time key to monitor testing time. A digital clock indicates the time remaining to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. Choices of answers to the examination questions are identified as A, B, C, or D. The candidate must indicate his/her choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change an answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. The candidate may change his/her answer as many times as he/she wishes during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move the candidate forward through the examination question by question. To review any question, click the backward arrow (<) or use the left arrow key to move backward through the examination. An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by using the mouse and clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key.

When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination.

There is no penalty for guessing.

CANDIDATE COMMENTS

During the examination, comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Candidates will not be provided additional time to submit comments. Comments will be reviewed, but individual responses will not be provided. After completing the examination, candidates are asked to complete a short evaluation of their testing experience.

RECERTIFICATION BY THE SELF-ACHIEVEMENT RECERTIFICATION EXAMINATION (SARE)

RECERTIFICATION

Recertification for currently certified (CIC) professionals can be achieved either by the CBT or by the Self-Achievement Recertification Examination (SARE). A candidate may NOT use the SARE for recertification if he/she did not achieve a passing score on the SARE anytime in the past five years that he/she was certified, but he/she may still take the CBT to recertify before current certification expires.

ABOUT THE SARE

The SARE is a 150-question, multiple-choice, computer-based examination designed to assess the knowledge of professionals in infection prevention and control and epidemiology. SARE questions have been developed by the CBIC Test Committee specifically for the purposes of the SARE. Like CBT, SARE questions are based on the most current CBIC practice analysis, and the content outline is identical to that used for the CBT. The questions developed are held to the same standards as are used for the CBT.

However, the SARE is geared toward the advanced infection prevention and control recertifier (who has, at minimum, five-years experience in infection prevention and control), so some questions may be more difficult than those on the CBT, which is geared toward the two-year practitioner. Unlike the CBT, the SARE has no time limit provided it is completed by December 31 of the year in which certification expires. Candidates taking the SARE can log into and out of the exam site repeatedly, and are able to research the answers to the questions prior to submitting their responses. The purpose/goal of the SARE is to demonstrate continued knowledge mastery in the field of infection prevention and control.

APPLYING FOR THE SARE

Application for the SARE must be submitted in the same calendar year the candidate is due for recertification.

To apply online:

Go to www.cbic.org and proceed to the Recertification tab.

To apply using a paper application:

Complete the paper application and mail or fax it to the CBIC Office: 555 East Wells St., Suite 1100, Milwaukee, WI 53214
Fax: 414/276-3349.

Payment in U.S. dollars must be included with the application. Payment can be made by personal check, cashier's check, money order or credit card. The fee is non-refundable.

The deadline to purchase the SARE is December 1 of the year in which current certification expires. The web-based SARE must be completed by December 31 of the same year. Candidates should allow themselves ample time to complete the SARE, researching information as needed.

SARE SCHEDULE

Purchase Deadline	December 1
Completed Deadline	December 31

TAKING THE SARE

Within seven (7) business days of receipt of an application for the SARE, the candidate will receive a confirmation e-mail with specific instructions on how to log in to the SARE. The e-mail will include a unique ID and password that must be used during the login process. Candidates will be able to login and out as many times as necessary, prior to certification expiration, to complete the examination; responses provided during previous log ins will be saved.

FOLLOWING THE CBT OR SARE

SCORE REPORT

For candidates taking the CBT in the United States, and for all candidates taking the SARE, an instant score report will indicate a “pass” or “fail.” For candidates taking the CBT at an international Assessment Center (i.e. outside of the United States), AMP will mail score reports within three to five business days. Scores are reported in written form only, in person or by U.S. mail. Scores are not reported over telephone, electronic mail, or by facsimile.

Additional detail is provided in the form of raw scores by major content category. A raw score is the number of questions answered correctly. Pass/fail status is determined by the raw score. Even though the examination consists of 150 questions, the candidate score is based on 135 questions. Fifteen questions are “pretest” questions. The methodology used to set the minimum passing score is the Angoff method, applied during the performance of a Passing Point in which experts have evaluated each examination question and determined how many correct answers are necessary to demonstrate the knowledge and skills required to pass.

A candidate’s ability to pass the examination depends on the knowledge and skill he/she displays, and not on the performance of other candidates. Passing scores may vary slightly for each version of the examination. To ensure fairness to all candidates, a process of statistical equating is used. This involves selecting an appropriate mix of individual questions for each version of the examination content blueprint. Because each question has been pretested, a difficulty level can be assigned. The process then considers the difficulty level of each question selected for each version of the examination, attempting to match the difficulty level of each version as closely as possible. To ensure fairness, slight variations in difficulty level are addressed by adjusting the passing score up or down, depending on the overall difficulty level statistics for the group of scored questions that appear on a particular version of the examination.

Details of incorrectly answered examination questions, and correct answers to questions, will not be provided to the candidate. This practice is in accordance with best practices in the field of professional accrediting.

CANDIDATES WHO PASS THE EXAMINATION

Candidates who pass the CBT or the SARE are allowed to use the designation “CIC” after their name for the five year period in which their certification is valid. CBIC reserves the right to recognize publicly any candidate who has successfully completed a CBIC certification examination, thereby earning the certification credential. Official certificates will be mailed four to six weeks after completion of the exam. [Replacement certificates can be purchased by sending a written request or download a form to complete from the Web site (www.cbic.org), and the required \$15 fee to the CBIC Office.] Recognition will be awarded so as not to embarrass any candidate who is unsuccessful in an attempt to achieve certification.

Annually, a listing of successful candidates will be published and a listing of certified infection prevention and control professionals is maintained on the CBIC website (www.cbic.org). Information on the current certification status of an individual will be provided in writing upon request.

CANDIDATES WHO DO NOT PASS THE EXAMINATION

First Time Applicants or Lapsed Applicants

Candidates who do not pass the CBT or the SARE must submit a new application, including appropriate documentation and fees, and be determined eligible to retake the CBT. An individual may retake the CBT a maximum of four times per year or once every 90 days.

Recertifying Applicants

Recertifying candidates who do not pass the CBT for recertification may not recertify by the SARE during their recertification cycle but must recertify by CBT and can do so at any time before their certification cycle ends.

Recertifying candidates who do not pass the SARE cannot apply to retake the SARE but can apply to recertify by CBT. Please review the eligibility requirements before submitting a new application and fee. An individual may retake the CBT a maximum of four times per year or once every 90 days.

SCORES CANCELLED BY CBIC OR AMP

CBIC and AMP are responsible for the integrity of the scores they report. On occasion, occurrences such as computer malfunction or misconduct by a candidate may cause a score to be suspect. CBIC and AMP are committed to rectifying such discrepancies as expeditiously as possible. CBIC may void examination results if, upon investigation, violation of its regulations is discovered.

DUPLICATE SCORE REPORT

Candidates may purchase additional copies of their score reports at a cost of \$25 per copy. Requests must be submitted to CBIC within 12 months after the examination. Duplicate score reports will be mailed within five business days after receipt of the request. Please contact CBIC for more information.

REQUESTS FOR RESCORING

Requests for review of scoring results consist of a re-evaluation of the computer scoring process and not a review of individual answers. Requests must be made in writing, along with \$25 payment, to AMP within 12 months from the date of exam administration.

Scoring is performed by computer, and thus handscoring is irrelevant. Requests for handscoring will not be approved.

REVOCAION OF CERTIFICATION

Certified professionals or persons wrongfully using the “CIC” designation are subject to disciplinary action as defined in CBIC’s Judicial and Ethics Policy and Procedures for the following types of actions: falsification of an application, violation of examination procedures or misrepresentation of the certification status. A copy of the Judicial and Ethics Policy and Procedures can be obtained by contacting the CBIC Office:

555 East Wells Street
Suite 1100
Milwaukee, WI 53202-3823
info@cbic.org
www.cbic.org

PREPARING FOR THE EXAMINATION

CBIC CONTENT OUTLINE

The expanded examination content outline included is best used for course and curriculum preparation and to judge the relevance of topics to the content of the examination; it is not necessarily a useful study tool.



2012 EXAMINATION CONTENT OUTLINE

The current infection control certification examination is based on a content outline developed from a practice analysis completed in 2010. The content outline is presented here in its entirety. The number of examination questions on the examination from each content area is provided by each major (1 - 6) content heading. In addition to the 135 items (questions) used to compute candidates’ scores, all examination forms will include 15 unscored pretest items, interspersed throughout the examination. All items are also classified by the cognitive level that is expected of the candidates. Among the 135 scored items, approximately 25 percent require recall of information, 60 percent require application of knowledge, and 15 percent require analysis of a situation.

1. Identification of Infectious Disease Processes (18)

- A. Differentiate among colonization, infection, and contamination
- B. Identify occurrences, reservoirs, incubation periods, periods of communicability, modes of transmission, signs and symptoms, and susceptibility associated with the disease process
- C. Interpret results of diagnostic/laboratory reports
- D. Recognize limitations and advantages of types of tests used to diagnose infectious processes
- E. Recognize epidemiologically significant organisms for immediate review and investigation
- F. Differentiate among prophylactic, empiric, and therapeutic uses of antimicrobials
- G. Identify indications for environmental microbiologic monitoring

2. Surveillance and Epidemiologic Investigation (38)

A. Design of Surveillance Systems

1. Develop a surveillance plan based on the population served, services provided, and regulatory or other requirements
2. Evaluate periodically the effectiveness of the surveillance plan and modify as necessary
3. Identify appropriate critical/significant lab results and implement a notification system
4. Determine data needed to calculate specific rates
5. Integrate surveillance activities within health care settings (e.g., ambulatory, home health, long term care, acute care)
6. Establish mechanisms for identifying those with communicable diseases requiring follow-up and/or isolation

B. Collection and Compilation of Surveillance Data

1. Use standardized definitions for the identification of outcomes and processes
2. Use a systematic approach to record surveillance data
3. Determine numerators, denominators, and constants for calculations of rates for outcomes and processes
4. Organize and manage data in preparation for analysis
5. Determine the incidence or prevalence of infections
6. Calculate specific infection rates (e.g., provider-specific, unit-specific, device-specific, procedure-specific)
7. Calculate risk stratified rates
8. Incorporate post-discharge surveillance findings into calculation of rates

C. Interpretation of Surveillance Data

1. Generate, analyze, and validate surveillance data
2. Use basic statistical techniques to describe data (e.g., mean, standard deviation, rates, ratios, proportions)
3. Recognize statistical significance of surveillance data
4. Monitor and interpret antibiotic resistance patterns
5. Recognize the need for an epidemiologic study to investigate a problem (e.g., case control, cohort studies)
6. Compare surveillance results to published data or other benchmarks
7. Prepare and report findings of surveillance or epidemiologic investigation to customers, using analyzed data, tables, graphs, or charts, as appropriate
8. Develop and implement corrective action plans based on surveillance findings

D. Outbreak Investigation

1. Verify existence of outbreak
2. Collaborate with appropriate persons to establish the case definition, period of investigation, and case-finding methods
3. Define the problem using time, place, person, and risk factors
4. Formulate hypothesis on source and mode of transmission
5. Implement and evaluate control measures, including ongoing surveillance
6. Prepare and disseminate reports

3. Preventing/Controlling the Transmission of Infectious Agents (39)

- A. Develop and review infection prevention and control policies and procedures
- B. Collaborate with public health agencies in planning community responses to biological agents (e.g., anthrax, influenza)
- C. Identify and implement infection prevention and control strategies related to:
 - 1. Hand hygiene
 - 2. Cleaning, disinfection, and sterilization
 - 3. Specific direct and indirect care settings (e.g., patient care units, operating room, ambulatory care center, respiratory therapy)
 - 4. Infection risks associated with therapeutic and diagnostic procedures and devices (e.g., dialysis, angiography, bronchoscopy, endoscopy, intravascular devices, urinary drainage catheter)
 - 5. Recall of potentially contaminated equipment and supplies
 - 6. Initiation and discontinuation of isolation/barrier precautions when indicated
 - 7. Patient placement, transfer, and discharge
 - 8. Environmental hazards
 - 9. Use of patient care products and medical equipment
 - 10. Immunization programs for patients
 - 11. Construction and renovation in patient care settings
 - 12. The influx of patients with communicable diseases (e.g., bioterrorism, emerging infectious diseases)

4. Employee/Occupational Health (10)

- A. Review and/or develop screening and immunization programs
- B. Provide counseling, follow up, work restriction recommendations related to communicable diseases or following exposures
- C. Assist with analysis and trending of occupational exposure incidents and information exchange between Occupational Health and Infection Prevention and Control departments
- D. Assess risk of occupational exposure to infectious diseases (e.g., TB, bloodborne pathogens)

5. Management and Communication (Leadership) (16)

- A. Planning
 - 1. Conduct an infection risk assessment of the organization
 - 2. Develop, evaluate, and revise a mission and vision statement, goals, measurable objectives, and action plans for the Infection Prevention and Control Program
 - 3. Recommend specific equipment, personnel, and resources for the Infection Prevention and Control Program
 - 4. Participate in cost benefit assessments, efficacy studies, and product evaluations
 - 5. Recommend changes in practice based on clinical outcomes and financial implications

B. Communication and Feedback

- 1. Provide infection prevention and control findings, recommendations, annual reports, and policies and procedures to appropriate individuals, committees, departments, and units
- 2. Communicate with internal and external customers (e.g., related to Infection Prevention and Control issues of continuity of care, reporting communicable diseases)
- 3. Collaborate with Risk Management/Quality Management in the identification and review of adverse and sentinel events
- 4. Evaluate accreditation/regulatory issues and facilitate compliance

C. Quality/Performance Improvement and Patient Safety

- 1. Participate in quality/performance improvement and patient safety activities related to infection prevention and control
- 2. Demonstrate quality/performance improvement projects through the use of graphic tools (e.g., “fishbone” diagram, Pareto charts, flow charts)

6. Education and Research (14)

A. Education

- 1. Assess needs, develop goals and measurable objectives, and prepare lesson plans for educational offerings
- 2. Apply principles of adult learning to educational strategies and delivery of educational sessions
- 3. Prepare, present, or coordinate educational workshops, lectures, discussion, or one-on-one instruction on a variety of Infection Prevention and Control topics
- 4. Evaluate the effectiveness of education and learner outcomes (e.g., behavior modification, compliance rate)
- 5. Instruct patients, families, and other visitors about methods to prevent and control infections

B. Research

- 1. Apply critical reading skills to evaluate research findings
- 2. Incorporate research findings into practice through education and consultation

CBIC REFERENCES

References have been categorized as primary and secondary sources for content information. Nearly all questions are based on material in the primary references. Secondary references may be useful to help clarify more detailed issues in specific practice settings or content areas such as microbiology.

PRIMARY REFERENCES:

- *APIC Text of Infection Control and Epidemiology*, 3rd ed., *Volume I (Essential Elements)* and *Volume II (Scientific and Practice Elements)*, APIC, Washington, DC, 2009, including on-line version 2010.
- Heymann, David L., ed. *Control of Communicable Diseases Manual*, 19th ed., Washington, DC: American Public Health Association; 2008.
- Brooks, Kathy. *Ready Reference to Microbes*, APIC; 2007.

SECONDARY REFERENCES:

- Current Recommendations of the Advisory Committee on Immunization Practices (ACIP).
- Current guidelines, standards, and recommendations from CDC, APIC/CHICA-Canada, SHEA, and Public Health Agency of Canada.
- Pickering, Larry K, ed. *Red Book*, 28th ed., Elk Grove Village, IL: American Academy of Pediatrics; 2009.

Please note: In the CIC exam, the term “standard precautions” is equivalent to the Canadian term “routine practices.”

CBIC PRACTICE EXAMINATION

The only study material sponsored by CBIC is the online Practice Examination available through the CBIC website at www.cbic.org. The online Practice Examination is a 70-question computer-based test that approximates the content, cognitive levels, and difficulty of the CBT. The online Practice Examination allows purchasers to familiarize themselves with the testing software and provides scores and feedback by major content area. It is an excellent tool for applicants to become comfortable with the computer-based testing format and may help in assessing their readiness to take the CIC® examination.

Please note: Good performance in this practice examination does not guarantee that candidates will pass the CIC exam.

For more information and for purchasing the CBIC Practice Examination visit the following website:

<http://www.cbic.org/onlinepracticeexam.asp>.

SAMPLE EXAMINATION QUESTIONS

The following sample questions are illustrative of the format found in the examination, but do not necessarily represent the level of difficulty.

1. In an outbreak of probable foodborne illness, patients developed symptoms two to four hours after eating turkey salad. The MOST likely causative organism is
 - A. *Salmonella enteritidis*.
 - B. *Staphylococcus aureus*.
 - C. *Vibrio parahaemolyticus*.
 - D. *Clostridium perfringens*.
2. The presence of which of the following antibodies to hepatitis A virus confirms the diagnosis of acute hepatitis A?
 - A. IgG
 - B. IgM
 - C. IgE
 - D. IgD
3. In investigating an epidemic, cases should be categorized according to
 - A. time, place, and person.
 - B. agent, host, and environment.
 - C. agent, host, and date of onset.
 - D. time, person, and date of onset.

4. The lengths of stay for patients with nosocomial infections are 12, 12, 12, 13, 15, 15, 16, 20, and 30 days. What is the median length of stay?
 - A. 12 days
 - B. 15 days
 - C. 16 days
 - D. 25 days
5. The risk of nosocomial urinary tract infections in spinal cord injury patients is BEST reduced by
 - A. prophylactic antibiotics.
 - B. bladder instillation of antiseptic.
 - C. intermittent catheterization.
 - D. placement of all patients with urinary catheters in the same area.
6. Which of the following precautions MUST be taken when using respiratory ventilators?
 - A. Use gloves while assembling equipment.
 - B. Use only disposable equipment.
 - C. Use only sterile fluids in reservoirs.
 - D. Discard unused portions of medication daily.
7. A student demonstrates appropriate tracheostomy suctioning technique to an instructor. This is an example of
 - A. cognitive learning.
 - B. psychomotor learning.
 - C. affective learning.
 - D. theoretical learning.
8. Which of the following societal problems increases the risk of tuberculosis spread?
 - I. increasing homeless population
 - II. overcrowding in prisons
 - III. increasing teenage tobacco use
 - IV. TB skin test reactions from BCG vaccination in immigrants
 - A. I and II only
 - B. III and IV only
 - C. I, II, and III only
 - D. I, II, III, and IV

ANSWERS

- | | |
|------|------|
| 1. B | 5. C |
| 2. B | 6. C |
| 3. A | 7. B |
| 4. B | 8. A |

EXAMINATION APPLICATION

INITIAL CERTIFICATION AND LAPSED CERTIFICANTS

PRINT NAME		
Last:	First:	MI:
Designation(s):		Current Title:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: Mo: ____ Day: ____ Yr: ____		
HOME MAILING ADDRESS		
Street/P.O. Box:		City:
State/Province:	Country:	Zip/Postal Code:
Daytime Telephone No.:	Evening Telephone No.:	Fax No.:
()	()	()
BUSINESS ADDRESS		
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> <p>a. Collection, analysis and interpretation of infection prevention outcome data; AND</p> <p>b. Investigation and surveillance of suspected outbreaks of infection; AND</p> <p>c. At least 3 of the following additional activities:</p> <ul style="list-style-type: none"> • Planning, implementation and evaluation of infection prevention and control measures; • Education of individuals about infection prevention and control; • Development and revision of infection prevention and control policies and procedures; 		
<ul style="list-style-type: none"> • Management of infection prevention and control activities; • Consultation on infection prevention and control risk assessment, and prevention and control strategies. <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> <p><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.</p> <p><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.</p> <p><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).</p> <p><input type="checkbox"/> Payment of the required fees for the examination.</p> <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>		

Year Started in Infection Prevention and Control: _____	<p>If payment is made by check or money order, submit it with this application. Make CHECK or MONEY ORDER payable in U.S. dollars drawn from a U.S. bank to "CBIC".</p> <p>If payment is made by credit card, provide the following: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover</p> <p>I agree to pay above amount according to card issuer agreement.**</p> <p>Credit Card No.: _____</p> <p>Exp. Date: _____</p> <p>Signature: _____</p> <p><i>* A charge of \$20 will apply to checks returned for insufficient funds. ** If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged.</i></p>
<p>SPECIAL CONSIDERATIONS Because of functional limitations imposed by a disability, special arrangements will be necessary for the candidate to complete the certification examination.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please complete and submit the "Request for Special Accommodations" and "Documentation of Disability" forms located online under the Candidate Handbook tab with your exam application and fees at least 45 calendar days prior to the desired examination date. Please inform AMP of the need for special accommodations when scheduling an examination time.</p>	<p>Please return this application and appropriate documents and fees to:</p> <p style="text-align: center;"> Examination Services CBIC 555 E. Wells St. Suite 1100 Milwaukee, WI 53202 F: 414/276.3349 </p>
<p>Assessment Center Location:</p> <p><input type="checkbox"/> United States Assessment Center</p> <p><input type="checkbox"/> International Assessment Center</p>	
<p>Please indicate examination and fee:</p> <p><input type="checkbox"/> Recertifying Candidates by CBT <i>(recertifying within five-year cycle)</i>\$275</p> <p><input type="checkbox"/> International Assessment Center <i>(include an additional)</i>\$35</p>	



SELF-ACHIEVEMENT RECERTIFICATION EXAMINATION (SARE) ORDER FORM

To order a SARE, complete the form below and submit it with the fee to the CBIC Executive Office, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823.

For Recertification: The SARE for recertification is an alternative to the examination that may be taken by the recertifying practitioner at his/her recertifying interval. To be considered for recertification, the SARE must be completed by December 31 of the recertifying year.

Fee: \$340 in U.S. funds

The deadline to purchase the SARE is December 1.

Those wishing to sit for the proctored computer-based (CBT) examination may still continue to do so at their regular recertifying interval (See the Candidate Handbook for the paper application).

Please send me the link to the CBIC Self-Achievement Recertification Examination (SARE) to the following e-mail address (required) below. I have enclosed payment in U.S. funds for the fee listed below.

PRINT NAME		
Last:	First:	MI:
Designation(s):	Current Title:	Certification # (if known):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: Mo: ____ Day: ____ Yr: ____	
HOME MAILING ADDRESS		
Street/P.O. Box:	City:	
State/Province:	Country:	Zip/Postal Code:
Daytime Telephone No.: ()	Evening Telephone No.: ()	Fax No.: ()
BUSINESS ADDRESS		
Organization Name:		
Street/P.O. Box:	City:	
State/Province:	Country:	Zip/Postal Code:
Business Telephone No.: ()	Business Fax No.: ()	E-mail: (required)
PLEASE PROVIDE THE FOLLOWING INFORMATION:		PROFESSIONAL LICENSE OR REGISTRATION/CERTIFICATION:
Education level (choose highest level):		(choose up to two)
<input type="checkbox"/> Associate's Degree in Nursing		<input type="checkbox"/> LPN or RPN Year obtained: _____
<input type="checkbox"/> Bachelor's Degree in Nursing		<input type="checkbox"/> Medical Technologist Year obtained: _____
<input type="checkbox"/> Bachelor's degree (other/non-Nursing)		<input type="checkbox"/> Physician Year obtained: _____
<input type="checkbox"/> Master's degree in:		<input type="checkbox"/> Registered Nurse Year obtained: _____
<input type="checkbox"/> Nursing		<input type="checkbox"/> Respiratory Therapist Year obtained: _____
<input type="checkbox"/> Microbiology		<input type="checkbox"/> Other (specify) Year obtained: _____
<input type="checkbox"/> Medical Technology		_____
<input type="checkbox"/> Doctorate in Nursing		<input type="checkbox"/> None
<input type="checkbox"/> Doctorate in Medicine		
Specialty: _____		
<input type="checkbox"/> Other (specify) _____		

PRACTICE SETTING:

(Please choose at least one of the following:)

- Ambulatory Care
- Acute Care/Hospital
- Behavioral Health
- EMS/Public Health

- Home Care
- Long-Term Care
- Veteran Affairs
- Self-Employed/Consultant
- Other: _____

Year Started in Infection Prevention and Control: _____

Fee: \$340 – Recertification

Method of Payment: Check payable to CBIC* VISA** MasterCard** American Express** Discover**

Account Number:

Expiration Date:

Cardholder's Name (please print):

Signature:

** A charge of \$20 will apply to checks returned for insufficient funds.*

*** If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged.*

Please return this form with payment to:

Examination Services

CBIC

555 East Wells Street

Suite 1100

Milwaukee, WI 53202-3823

Fax: 414/276-3349

Within seven (7) business days of receipt of an order for the SARE, the candidate will receive a confirmation e-mail with specific instructions on how to logon to the SARE. The e-mail will include a unique ID and password that must be used during the login process. Candidates will be able to login and out as many times as necessary, within the established testing window, to complete the examination; responses provided during previous logins will be saved. Candidate results will be provided online and will also be sent to the candidate's e-mail address. The SARE must be completed by December 31. Access to the web-based SARE will be denied after December 31.

ATTESTATION STATEMENT

TO BE FILLED OUT BY EMPLOYER OR SUPERVISOR

Please complete this form, checking relevant boxes in each section of the form. Return the original signed form to the applicant, who will submit it with a full application. If you have questions, please contact our office at (414) 918-9796.

STATEMENT FROM SUPERVISOR:

In order to be eligible to take the initial CIC® examination, the candidate must meet one of these practice statements.

I verify that the following statement is accurate: (Check box for applicable statement).

- The applicant named below has primary responsibility for the infection prevention and control program for their employing organization.
- The department in which the applicant is employed is assigned responsibility for the infection prevention and control program in the organization.

I verify that the applicant's practice includes the elements below. Check applicable boxes for the required practice elements. Practice must include all of the following infection control elements to be eligible:

- Collection, analysis and interpretation of infection prevention outcome data
- Investigation and surveillance of suspected outbreaks of infection
- At least three of the following infection control elements in these areas to be eligible:
 - Planning, implementation, and evaluation of infection prevention and control measures
 - Education of individuals about infection prevention and control
 - Development and revision of infection prevention and control policies and procedures
 - Management of infection prevention and control policies and procedures
 - Consultation on infection prevention and control risk assessment and prevention and control strategies

Applicant's Name: _____

Employer/Supervisor's Name (please print): _____

Employer/Supervisor's Title: _____ Daytime phone (____): _____

Employer/Supervisor's Email: _____

Organization: _____

Mailing Address: _____

Employer/Supervisor's Signature: _____ Date: _____

CLIENT ATTESTATION STATEMENT

In order to be eligible to take the initial certification examination in infection prevention and control (CIC examination), a self-employed candidate (i.e. independent consultant) must have the following information provided by at least three clients.

Please complete this form, checking relevant boxes in each section of the form. Return the original signed form to the CBIC Executive Office, who will add it to the candidate's application. If you have questions, please contact the CBIC Executive Office at (414) 918-9796.

STATEMENT FROM CLIENT

I verify that the following statement is accurate (Check all that are applicable):

The applicant named below has provided infection prevention and control services to:

- my office
- organization
- company
- other: _____

I VERIFY THAT THE APPLICANT'S SERVICES INCLUDED ALL OF THE INDICATED ELEMENTS I HAVE MARKED BELOW IN A SATISFACTORY AND ACCEPTABLE MANNER:

- Collection, analysis and interpretation of infection prevention outcome data; AND
- Investigation and surveillance of suspected outbreaks of infection; AND
- At least three** of the following infection control elements:
 - Planning, implementation, and evaluation of infection prevention and control measures
 - Education of individuals about infection prevention and control
 - Development and revision of infection prevention and control policies and procedures
 - Management of infection prevention and control policies and procedures
 - Consultation on infection prevention and control risk assessment and prevention and control strategies
 - Other – please explain:

Applicant's Name: _____

Client Name (please print): _____

Client Title: _____ Daytime phone: (_____) _____

Client Email: _____

Client Organization: _____

Client Mailing Address: _____

Client Signature: _____ Date: _____

Please complete this form, checking relevant boxes in each section of the form. Return the original signed form to the CBIC Executive Office, who will add it to the candidate's application. If you have questions, please contact the CBIC Executive Office at (414) 918-9796.

CBIC EXECUTIVE OFFICE

Attn: Examination Services

555 E. Wells Street, Suite 1100 • Milwaukee, WI 53202

Phone: 414.918.9796 • Fax: 414.276.3349 • Email: info@cbic.org • www.cbic.org

REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

Please complete this form and the "Documentation of Disability-Related Needs" form so the accommodation for testing can be processed efficiently. The information provided and any documentation regarding the candidate's disability and need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without the candidate's express written consent. Candidates who have existing documentation of the same or similar accommodation(s) provided for them in another examination situation, may submit such documentation instead of completing and submitting the "Documentation of Disability-Related Needs form.

Requested Examination Site: _____

Printed Name: _____

Address: _____

Daytime Telephone: _____ Email: _____

I request special accommodations for the administration of the CBIC examination on (date): _____

Please provide (check all that apply):

- Reader
- Extended testing time (normally 1.5 additional hours)
- Reduced distraction environment

Please specify if other special accommodations are needed: _____

Comments: _____

I give my permission for my diagnosing professional to discuss with AMP staff my records and history as they relate to the requested accommodation.

Signed: _____ Date: _____

Return this form with the examination application to:

EXAMINATION SERVICES

CBIC

555 East Wells St., Suite 1100

Milwaukee, WI 53202

Fax: 414.276.3349

If you have questions, call 414.918-9796.



DOCUMENTATION OF DISABILITY-RELATED NEEDS

Candidates who have a learning disability, a psychological disability, or other disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that the candidate's disabling condition requires the requested test accommodation. Candidates who have existing documentation of the same or similar accommodation provided for them in another examination situation, may submit such documentation instead of completing this form.

I have known _____ since ____ / ____ / ____
Candidate's Name Date

in my capacity as a _____
Professional Title

The applicant discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed below.

Description of disability: _____

Special arrangements required: _____

Printed Name: _____

Title: _____

Address: _____

Telephone: _____ Email: _____

Signed: _____ Date: _____

License # (if applicable): _____

Return this form with the examination application to:

EXAMINATION SERVICES

CBIC

555 East Wells St., Suite 1100, Milwaukee, WI 53202

Fax: 414.276.3349

If you have questions, call 414.918-9796.



555 East Wells Street, Suite 1100
Milwaukee, WI 53202
Phone: 414.918.9796
Fax: 414.276.3349
E-mail: info@cbic.org
Web site: www.cbic.org

REPLACEMENT CERTIFICATE ORDER FORM

Name: _____

Certification#: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

E-mail: _____ Daytime Phone: _____

I would like to order:

- 1 replacement certificate \$15
- 2 replacement certificates \$30
- _____ of replacement certificates \$ _____ (#of cert ordered x \$15)

Total Due: \$ _____

Please complete this form and include payment with submission. You may fax the completed form to (414) 276-3349 along with a credit card payment or you may pay by check made payable to CBIC and mail the information to:

CBIC
555. East Wells Street, Suite 1100
Milwaukee, WI 53202-3823

PAYMENT METHOD:

- Personal Check MasterCard Visa American Express

Name of Cardholder: _____

Signature of Cardholder: _____

CC #: _____ Exp. Date: _____

Total Amount authorized to be charged to card: \$ _____