

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: _____