

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>	