



The Value of CIC Certification

Nurse Executives are very aware of the benefits of employing certified nurses. Some hospitals require certification for specialty areas because we understand that the knowledge in our profession is growing and requires practitioners who have in depth education and understanding of their own nursing discipline. That's why it should be intuitively accepted that certification for an organization's infection control practitioner ought to be a position standard.

The threat of infection continues to be an issue for every hospital and long term care facility. Both the community acquired and nosocomial pathogens are becoming more resistant to treatment. The whole world is beginning to recognize the danger which new bacterial and viral strains pose to our populations. Yet, we continue to have reports of poor practices in healthcare institutions, from lack of hand washing to breaks in sterile technique. Some healthcare team members even resist good infection control practices, choosing shortcuts and time saving actions over appropriate safety measures.

Healthcare has become too sophisticated and complex for any one practitioner to know every specialty. A pediatric nurse is not a critical care nurse who is not a hemodialysis nurse, etc. Infection Control, with a growing body of knowledge, is a specialty in it's own right. To expect any nurse (or other caregiver) who is not educated in infection control to be able to serve as the organization's expert in this area would be akin to asking a medical nurse without surgical training to "go on down to the OR and scrub in to assist the open heart surgeon."

Infection Control is a specialty essential to all of us. All indications are that it will become even more critical in the future. My message to my executive colleagues is this: as leaders who should be passionate about patient care and safety, we must insist on qualified, competent infection control practitioners. Certification should be a minimal standard.

Kathleen Sanford, 2006 AONE President

The CBIC Vision & Mission are:

VISION: Certification by the Certification Board of Infection Control & Epidemiology is the recognized standard of competency in infection prevention and control and applied epidemiology (IP&C&E).

MISSION: To improve the quality of healthcare by increasing the number of professionals whose knowledge mastery in infection prevention and control and applied epidemiology has been demonstrated by certification.

Qualifications for Eligibility for the CIC Examination

Practice Requirements:

All candidates for initial certification must have practiced infection control for a minimum of two (2) years with at least a minimum of 800 hours of work directly in infection prevention and control. The two years of work experience must have occurred within the most current five year period.

Educational Requirements:

First time candidates, candidates who have not successfully passed the examination, and lapsed recertifiers must meet A or B:

A. Have a current license or registration as a medical technologist

or clinical laboratory scientist, physician or registered nurse. **OR**

B. Have a minimum of a baccalaureate degree

Candidates who do not meet the educational requirements may apply for an eligibility waiver (e.g., licensed as an LPN). Successful waiver applicants will be individuals who have additional training and education specific to infection prevention and control with a minimum of 30 hours of additional training. For more information on educational waivers, please see the CBIC website at www.CBIC.org.

There are NO waivers available for individuals who do not meet practice requirements or the minimum two years of work experience.



Definition of Infection Prevention and Control Practice

The clinical practice of infection prevention and control occurs in various settings and uses the knowledge and skills described in the content outline (see CBIC website Candidate Handbook).

Activities must include **BOTH**:

1. Analysis and interpretation of collected infection control data; **and**

2. And, the investigation and surveillance of suspected outbreaks of infection;

And at least three (3) of the following:

3. The planning, implementation, and evaluation of infection prevention and control measures;

4. The education of individuals about infection risk, prevention

and control;

5. The development and revision of infection control policies and procedures;

6. The management of infection prevention and control activities

7. The provision of consultation on infection risk assessment, prevention and control strategies.

Recertification Requirements

CBIC requires individuals to recertify every five (5) years. All individuals who are currently certified are eligible for recertification.

Methods for recertification:

1. Re-examination by computerized administration. This method requires applying for the computerized examination and taking the certification examination again.

2. Self Assessment Examination for Recertification (SARE). The SARE is an examination tool that can be taken at home and submitted for scoring. The SARE is based on a seven (7) year practice level and the examination does require many individuals to spend in



excess of 20 hours or more researching the answers to the test questions.

Recertification by Continuing Education is **NOT** an option for CICs.

For more information visit our website at www.CBIC.org