



CERTIFICATION BOARD  
OF INFECTION CONTROL  
AND EPIDEMIOLOGY, INC.

P.O. Box 19554  
Lenexa, KS 66285-9554  
Phone: (913) 895-4607  
Fax: (913) 895-4652  
E-mail: cbic-info@goAMP.com

## EDUCATIONAL WAIVER APPLICATION

### Form A

*Instruction for employer, supervisor, or client (for self-employed consultants):  
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 (913) 599-4174.*

#### **Statement from Supervisor:**

I have supervised \_\_\_\_\_ in ***infection control*** for the time period identified below. *If you have not been the direct supervisor for two years, please indicate the time you are addressing. Applicant must submit one Form A with information and signature of all supervisors during the two year period qualifying for the examination.*

#### **Check one box below – Time period**

\_\_\_\_\_ Two years and 800 hours prior to the date of the examination  
\_\_\_\_\_ months and \_\_\_\_\_ hours prior to the date of the examination

#### **I verify that the applicant's practice included:**

#### **Check applicable boxes for the required practice elements:**

Practice must have included both of the following infection control elements to be eligible:

\_\_\_\_\_ Analysis and interpretation of collected infection control data  
\_\_\_\_\_ Investigation and surveillance of suspected outbreaks of infection

#### **Check applicable boxes – Additional practice elements:**

Practice must have included 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 risk, prevention, and control  
\_\_\_\_\_ Development and revision of infection prevention and control activities  
\_\_\_\_\_ Management of infection prevention and control activities  
\_\_\_\_\_ Provision of consultation on infection risk assessment, prevention, and control strategies

Employer/Supervisor's Name (please print) \_\_\_\_\_  
Employer/Supervisor's Title \_\_\_\_\_ Daytime phone ( ) \_\_\_\_\_  
Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Employer/Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Employer/Supervisor's Email: \_\_\_\_\_

**Form B**

Applicant's Name (please print) \_\_\_\_\_

Applicant's Daytime phone ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Professional License or Registration: \_\_\_\_\_

*Instructions to applicants:*

Attach attendance certificate(s) to verify completion of a minimum of 30 hours of continuing education credit for one or more courses designed to train individuals beginning in the practice and provide fundamental skills in infection control and applied epidemiology.

These course(s) must have been completed within the last five years as documented by the date on the certificate(s).

Also attach a program outline for each course, and highlight on the program outline the content which addresses three of the five core practice areas listed below.

**One course may address more than one topic area.**

**Check applicable boxes (3 of 5) – Core topic areas**

- \_\_\_\_\_ Identification of infectious disease processes
- \_\_\_\_\_ Surveillance and epidemiologic investigation
- \_\_\_\_\_ Education
- \_\_\_\_\_ Preventing and controlling the transmission of infectious agents
- \_\_\_\_\_ Program management and communication

**I hereby verify that the information I have presented in this application is accurate. Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Indicate form of payment:**

- \_\_\_\_\_ My check for \$30 (USD) payable to CBIC is enclosed.
- \_\_\_\_\_ Please charge my credit card, as indicated below, for \$30 (USD).
- \_\_\_\_\_ VISA/MC Acct#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of cardholder (if payable by credit card): \_\_\_\_\_  
(Date signed): \_\_\_\_\_

Final checklist – complete and enclose the following:

- Form A
- Form B
- Form of payment, as indicated above.
- Keep a copy of your submitted application with all documentation –before mailing.

**Mail to:**  
**CBIC**  
**P.O. Box 19554**  
**Lenexa, KS 66285-9554**