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