



**Attestation Statement: Effective June 1, 2021**

**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 to our office with a full application. If you have questions, please contact CBIC at (414) 918-9796 or info@cbic.org.*

**I verify that the following statement is accurate:**

- The applicant named below has direct responsibility for the infection prevention and control activities/program in their setting, and this is reflected in their current job description.

**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:*

- Identification of infectious disease processes;  
**AND**
- Surveillance and epidemiologic investigation;  
**AND**
- Preventing and controlling the transmission of infectious agents;  
**AND**
- Environment of care;  
**AND**
- Cleaning, sterilization, disinfection, and asepsis;

**At least 2 of the following additional activities:**

- Employee/occupational health;
- Management and communication;
- Education and research.

Applicant's Name: \_\_\_\_\_

Applicant's Employment Date (mm/dd/yyyy): \_\_\_\_\_

Employer/Supervisor's Name (please print): \_\_\_\_\_

Employer/Supervisor's Title: \_\_\_\_\_

Employer/Supervisor's Organization: \_\_\_\_\_

Employer/Supervisor's Email: \_\_\_\_\_

Employer/Supervisor's Work Phone: \_\_\_\_\_

Employer/Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_