



## CLIENT ATTESTATION STATEMENT FOR CONSULTANTS

In order to be eligible to take the CIC® initial certification examination in infection prevention and control, a self-employed candidate (i.e. independent consultant) must have the following information provided **by at least three clients**. **Candidates should give this form to the client, who then fills it out and submits it to the CBIC Executive Office.**

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.

### APPLICANT INFORMATION:

The applicant named below is currently providing infection prevention and control services at (name of location, facility, organization, etc.):

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

Date(s) Applicant worked at your facility: \_\_\_\_\_

☐ Independent Contractor      ☐ Consultant

☐ other \_\_\_\_\_

*(List any specific job-titles the applicant is referred to while working within your facility.)*

I verify that the applicant's services include all of the indicated elements I have marked below in a satisfactory and acceptable manner:

☐ 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; AND

☐ At least 2 of the following additional activities:

☐ Employee/occupational health;

☐ Management and communication;

☐ Education and research;

☐ Other – please explain: \_\_\_\_\_

Please provide a detailed description of the applicants role in your facility.

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Client Name (please print): \_\_\_\_\_

Client Title: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_

Client Email: \_\_\_\_\_

Client Organization: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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