

CIC® RECERTIFICATION EXAMINATION APPLICATION

The CIC* recertification examination may be taken by the recertifying practitioner at his/her recertifying interval. To be considered for recertification, the recertification examination must be completed by December 31 of the recertifying year.

The deadline to purchase the recertification examination is **December 1, 2020**.

Please send me the link for the internet-based recertification examination to the following e-mail address (required) below. I have enclosed payment in U.S. funds for the fee listed below.

PRINT NAME (required) Must match ID/drivers license/passport		
Last:	First:	MI:
Designation(s): (required)	Title: (required)	
Certification # (if known):	<u> </u>	
PREFERRED MAILING ADDRESS (required)		
Street/P.O. Box:	City:	
State/Province:	Country:	Zip/Postal Code:
Daytime Tel. No.:	Evening Tel. No.:	
Email: (required)		
NOTIFICATION OF SUPERVISOR If you pass the CIC $^{\circ}$ exam, who world you do not want CBIC to notify anyone, please check here \square	uld you like us to contact? (e.g., supervi	sor, director, CNO, etc.)
Last:	First:	MI:
Designation(s):	Title:	
Email Address:		
EXAMINATION PAYMENT □ CIC* Recertification Examination: \$375		
Method of Payment: \Box Check payable to CBIC* \Box VISA** \Box Ma	asterCard** □ American Express*	* 🗆 Discover**
Credit Card No.:Exp. Da	te:Signature: _	
*A charge of \$20 will apply to checks returned for insufficient funds. **If rebilling days to process application.	ng of a credit card charge is necessary, a \$	25 processing fee will be charged. **May take 7-14 Business
AGREEMENT OF AUTHORIZATION & CONFIDENTIALITY I have read the eligibility requirements and attest that I meet these requirements	ents.	
I understand that I could be audited to verify my eligibility. I understand my	certification can be delayed until eligibi	lity is verified.
I authorize the Certification Board of Infection Control and Epidemiology, In and professional standing. I allow the Certification Board of Infection Control for the purpose of statistical analysis, provided my personal identification with Candidate Handbook. I declare that the foregoing statements are true. I under I can be disqualified from taking or completing the examination, or from recedetermines that I was engaged in collaborative, disruptive or other prohibited	ol and Epidemiology, Inc. to use informath that information has been deleted. I be estand that false information may be calleiving examination scores, if the Certific	ation from my application and subsequent examination have read and understand the information provided in the use for denial or loss of the credential. I understand that cation Board of Infection Control and Epidemiology, Inc.
I further agree to abide by the policies and procedures as set forth in the Can		
Candidate's Signature:		Date:
Please return this application and appropriate documents and fee Examination Services, CBIC; 555 E. Wells St. Suite 1100; Milwauk		

EXAMINATION PROCESS

Within two weeks of application submission, the recertification candidate will receive a confirmation email with specific instructions on how to access their internet-based recertification examination. This email will include a unique candidate ID that must be used each time the candidate signs into their examination. Candidates are able to log into and out of their examination as many times as is necessary, within the established testing window, to complete the examination; responses provided during previous sessions will be saved. Candidate pass/fail results are provided immediately onscreen after submission of the examination and completion of the post-examination survey. The recertification examination must be completed by December 31. All incomplete examinations will be automatically submitted for scoring at 11:59pm GMT.