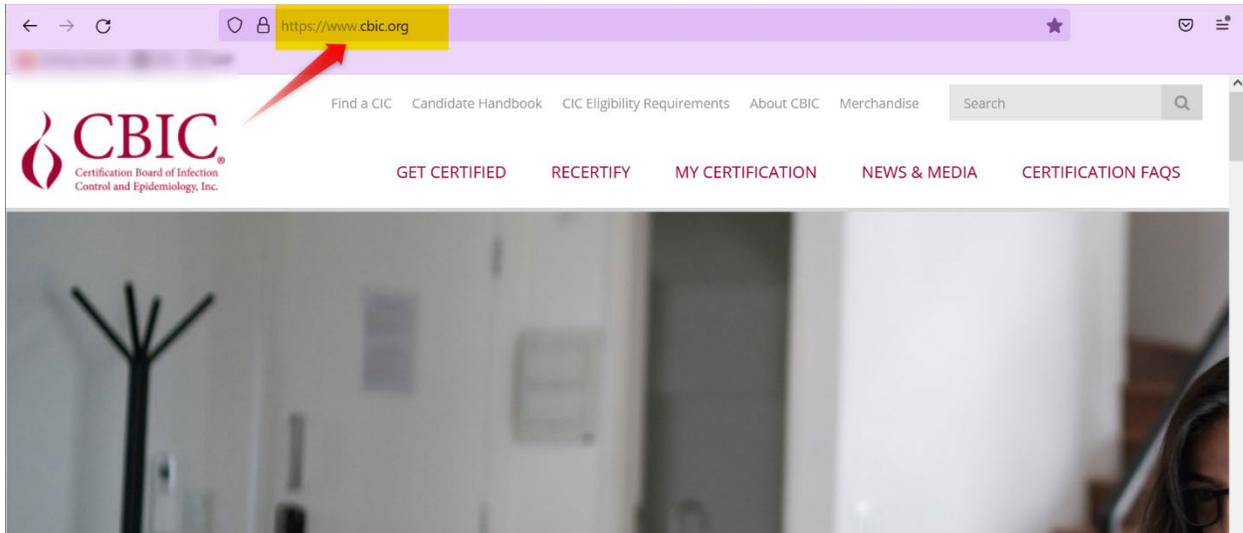
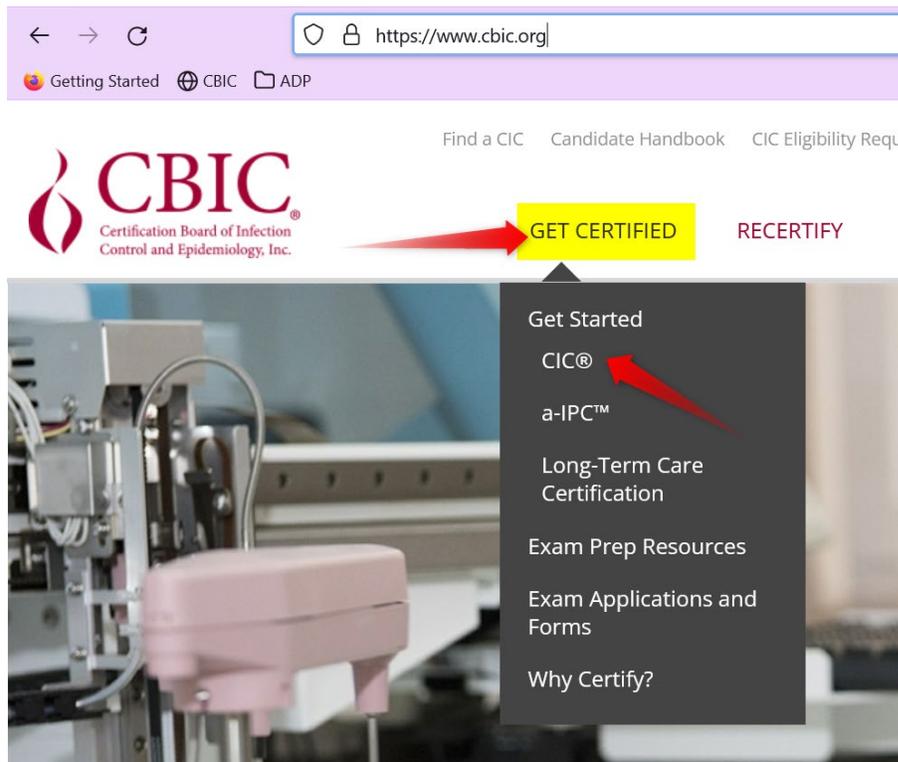


How to apply for the CIC Examination

1. Begin on the CBIC Home Page: <https://www.cbic.org/>.



2. Hover your mouse over the "GET CERTIFIED" tab, and click the link for CIC®.



3. Now you'll be on "About the CIC® Exam" page. <https://www.cbic.org/CBIC/CIC-Certification/About-the-Examination.htm> Scroll down to the "Apply for the CIC" header.

Apply for the CIC®

1. Create a login and password.
 - **New Users:** Follow this link to create a login and password: <https://secure.cbic.org/imiscbic/cbic/create-account.aspx> You will need an active email address to proceed.
 - **Returning Users:** For those who have applied before or already have a login, follow this link to either sign-in to your profile or to reset your login and password: <https://secure.cbic.org/imiscbic/cbic/profile/>
2. Fill out an application.
 - **Apply online**
4. New users that do not have an existing CBIC account should click the below link to create a new account: <https://secure.cbic.org/imiscbic/cbic/create-account.aspx>.

Apply for the CIC®

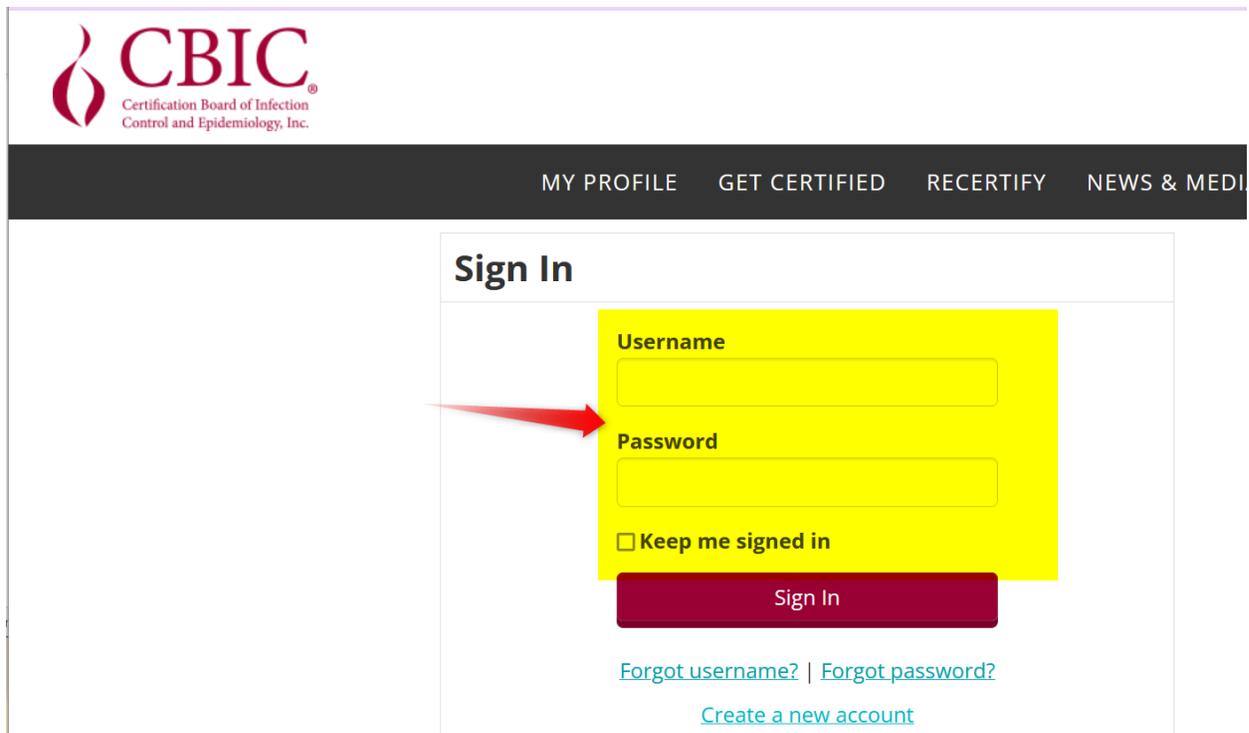
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 2. Fill out an application.
 - **Apply online**
- 

5. Once your account has been created, return to [About the CIC Exam](#) page and click the “**Apply online**” link: <https://secure.cbic.org/imiscbic/cbic/application>.

Apply for the CIC®

1. Create a login and password.
 - **New Users:** Follow this link to create a login and password: <https://secure.cbic.org/imiscbic/cbic/create-account.aspx> You will need an active email address to proceed.
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2. Fill out an application.
 - **Apply online** 

6. Enter your Username and Password and click “**Sign In**” to sign into your CBIC account.



CBIC
Certification Board of Infection
Control and Epidemiology, Inc.

MY PROFILE GET CERTIFIED RECERTIFY NEWS & MEDIA

Sign In

Username

Password

Keep me signed in

Sign In

[Forgot username?](#) | [Forgot password?](#)
[Create a new account](#)

7. Once logged in, click the “**Start My Application**” button.

Gina Cairo

CBIC ID 130509

CIC Certification Application

Documentation required:

- Proof of degree (diploma/transcript)
- Job description (official letterhead with supervisor signature)
- Attestation Statement
- Payment

[Eligibility Requirements](#)

Congratulations! You are eligible to order CIC exam. Questions regarding eligibility requirements should be direct to info@cbic.org

Start My Application



8. The next screen will list your name and preferred mailing address. Click “Continue”.



MY PROFILE GET CERTIFIED REC

Jessica Dangles

Executive Director

CBIC

Preferred Mailing

1400 Crystal Dr
Ste 900
Arlington, VA 22202-4153
UNITED STATES

jdangles@cbic.org

Go Back

Continue



9. The next screen will ask if you require special accommodations for your examination. If you do not require accommodations under ADA (Americans with Disabilities Act), do not check this box. Click “Save and Continue”.

MY PROFILE GET CERTIFIED

Special Accommodations

Do you require special accommodations?

Go back

Save and Continue



NOTE: Candidates who have a learning disability, a psychological disability, or other disability that requires an accommodation in testing should check this box and upload both the Documentation of Disability Form and the Request for Special Exam Accommodations Form before clicking “**Save and Continue**”.

Special Accommodations

Do you require special accommodations?

[Documentation of Disability Form](#)

Upload

No file selected.

[Request for Special Examination Accommodations Application](#)

Upload

No file selected.



10. Next, confirm the rest of your demographic information and click **“Save and Continue”**.

Professional Information

*Highest degree earned

*Year started in IC

- *Practice Setting
- Check all
 - Acute Care/Hospital
 - Ambulatory Care
 - Behavioral Health
 - EMS/Public Health
 - Home Care
 - Long Term Care
 - Other practice setting
 - Self-Employed/Consultant
 - Veterans Affairs

Practice area(s) Check all
 Allergy/Immunology

- Radiology
- Surgery
- Thoracic and Cardiac Surgery
- Vascular Surgery

Practice area - other

Other Profession

[Go back](#)

[Save and Continue](#)



11. Upload all required documents and click **“Save and Continue”**.
Documents Upload
-

Upload Highest Degree Diploma or Transcript:

[View file](#)

[Replace file](#)

Please upload a signed job description

[View file](#)

[Replace file](#)

Please upload a completed attestation statement form which must be signed by the applicant's supervisor / director, attesting that the applicant meets all of the requirements.

[View file](#)

[Replace file](#)

[Go back](#)

[Save and Continue](#)

12. Enter your supervisor's contact information. Click **“Save and Continue”**.

Attestation Statement Verification

Provide the information of the manager/supervisor who has signed your Attestation Statement Document.

*Supervisor First Name

*Supervisor Last Name

Supervisor Designations

*Supervisor Title

*Supervisor Company

*Supervisor Email

*Supervisor Phone

If you pass the CIC exam, would you like us notify your supervisor?

Go back

Save and Continue

13. Select your preferences and check the “I have read and AGREE with the CBIC Examination Appointment Policy” and click “Save and Continue”.

Policy and Preferences

I do not allow CBIC permission to publish my certifying information on the Find a CIC directory Exclude from Online Directory

Professional Organizations

If you are not a member of APIC or IPAC Canada and would like more information, please indicate below:

I would like more information about: APIC
 IPAC Canada

How did you hear about us?

How did you hear about us? Check all
 APIC
 CBIC Advertisements
 CBIC Exhibit Booth
 CBIC Social Media
 IPAC
 Other professional organization
 Recommended by colleague/manager
 Recommended by education program/college
 Required by employer
 Search Engine (Google, Yahoo, etc.)

I have read and AGREE with the CBIC Examination Appointment Policy.

Go back

Save and Continue



14. On the next screen, enter in your payment details and click “**Submit Order**”.

Payment Details

Pay Now

Payment amount

Payment method

*Card number

*Name on card

*Expiration date

CSC

Card address 1400 Crystal Dr
Ste 900
Arlington, VA 22202-4153
UNITED STATES
[Choose another address](#)



15. On the next screen, click the “**Submit My Application for Review**” button.

Jessica Dangles

ID 129491
Type Staff

Application fees are paid

Submit My Application for Review



My Application Status

App Type	Form Id	Status	Submit Date
There are no records.			

16. Now you will see a green bar that states, “**Application was successfully submitted!**”. Your application has been submitted and you should receive a follow up communication from our office within 7-10 business days.

Jessica Dangles

ID 129491

Type Staff

Application fees are paid

Application was successfully submitted!