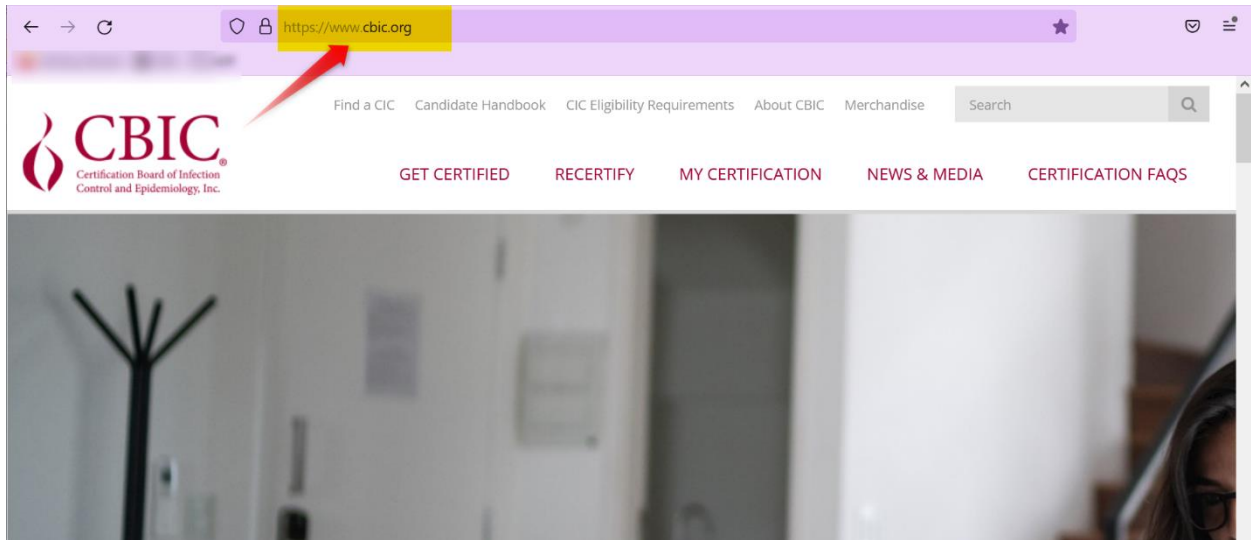
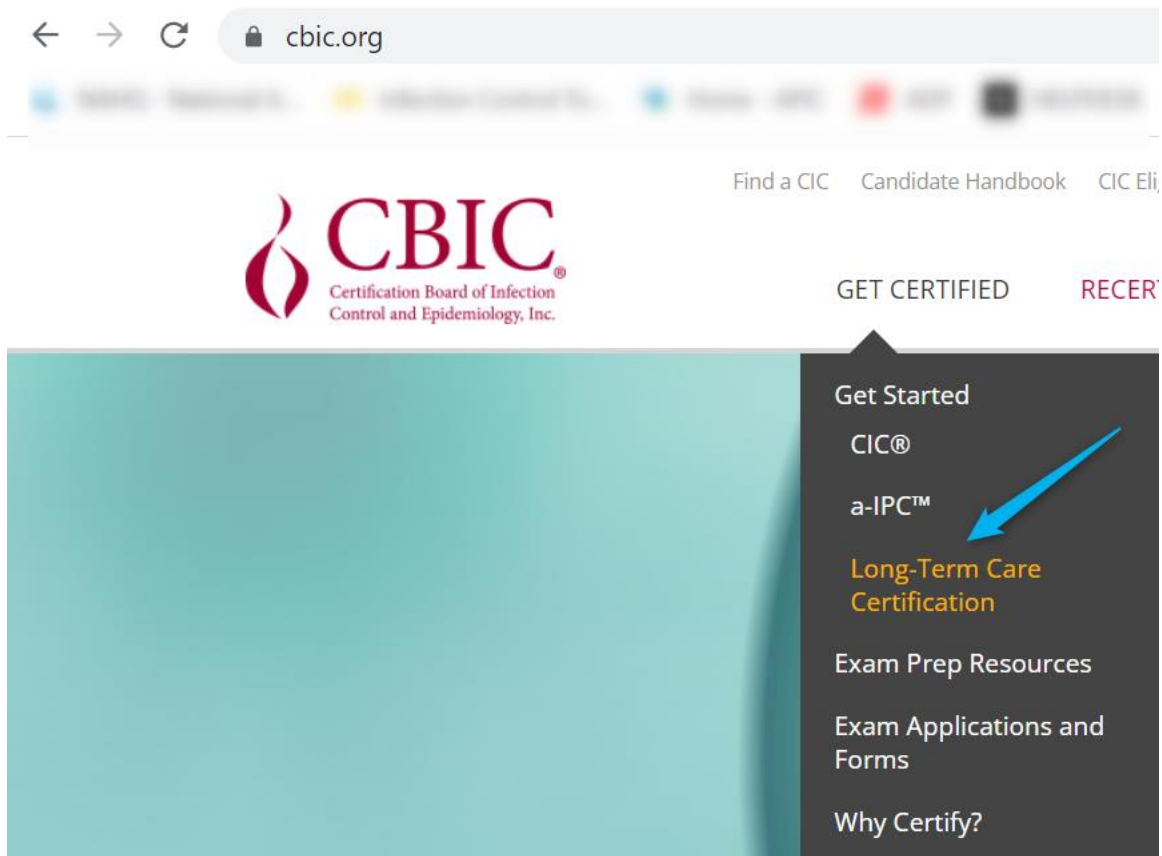


# How to apply for the LTC-CIP Examination

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 **Long Term Care Certification**.



3. Now you'll be on "About the LTC-CIP" page. <https://www.cbic.org/CBIC/Long-term-care-certification.htm> Scroll down to the "Application Instructions" header.

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## Application Instructions

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 already have a CBIC 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>

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## Application Instructions

1. Create a login and password.


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Once your account has been created, return to the [About the LTC-CIP](#) page and click the “Apply online” link: <https://secure.cbic.org/iMISCBIC/cbic/ltcip-application/>

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## Application Instructions

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](#)** 

5. 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](#)

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

**Genesis Uricochea**

CBIC ID 131632



## Long-Term Care Certification Application

[Eligibility Guidelines](#)

Congratulations! You are eligible to order the long-term care exam. Questions regarding eligibility guidelines should be direct to [info@cbic.org](mailto:info@cbic.org)

Start My Application



7. The next screen will list your name and preferred mailing address. Please confirm your information, if needing to update information, please click on the pencils on the top right corner to edit your information. Once you have verified your information click "Continue"..

Please take a moment to review your application fields and make sure they are up to date with what is on file in your CBIC account.

### Genesis Uricochea

Certification Coordinator

CBIC

### Address

Home

Alt Business

+

1400 Crystal Drive  
Ste 900  
Arlington 22202  
UNITED STATES

[guricochea@cbic.org](mailto:guricochea@cbic.org)

✓ Preferred Mailing Address

✓ Preferred Billing Address

✓ Preferred Shipping Address

Go Back

Continue



8. 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 CERT

## 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

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Do you require special accommodations?

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[Documentation of Disability Form](#)

Upload

No file selected.

[Request for Special Examination Accommodations Application](#)

Upload

No file selected.




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

### Professional Information

|   |   |
|---|---|
| *Job Title  | Certification Coordinatc  |
| *Primary Language   | English   |
| *Highest degree earned  | Diploma   |
| *Year started in IC   | 2015  |
| *Practice Setting   | <input type="checkbox"/> Check all<br><input type="checkbox"/> Acute Care/Hospital<br><input type="checkbox"/> Ambulatory Care<br><input checked="" type="checkbox"/> Behavioral Health<br><input type="checkbox"/> EMS/Public Health<br><input type="checkbox"/> Home Care<br><input type="checkbox"/> Long Term Care<br><input type="checkbox"/> Other practice setting<br><input type="checkbox"/> Self-Employed/Consultant<br><input type="checkbox"/> Veterans Affairs |
| Practice Setting Other  | <input type="checkbox"/> Preventive medicine<br><input type="checkbox"/> Psychiatry<br><input type="checkbox"/> Radiology<br><input type="checkbox"/> Surgery<br><input type="checkbox"/> Thoracic and Cardiac Surgery<br><input type="checkbox"/> Vascular Surgery   |
| Practice area - other   | <input type="text"/>  |
| Other Profession  | <input type="text"/>  |
| *Please include your name as you would like it printed on your certificate. | Genesis Uricochea   |

New certificants will be contacted by the Award Group upon successful completion of your examination.  
**Note:** CBIC will only print CIC®, LTC-CIP, or a-IPC after your name. We do not include other credentials.

[Go back](#) [Save and Continue](#) 

10. Select your preferences and check the “I have read and AGREE with the policies and information contained in the Candidate Handbook and click “Save and Continue”.

### Policy and Preferences

I do not allow CBIC permission to publish my certifying information on the Find a certified professional 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.)

### CBIC would like to hear from you!

What is your reason for pursuing the Long-Term Care certification in Infection Prevention?

Candidates are responsible for reviewing the policies and information contained in the Candidate Handbook prior to applying for and becoming certified and/or recertified. I have read and AGREE with the policies and information contained in the [Candidate Handbook](#).

[Go back](#)

[Save and Continue](#)



11. Click Pay now, it will direct you to the payment details.

### Genesis Uricochea

ID 131632

Type Prospect

✖ Application fees are not paid -

[\\$ Pay now](#)



You must meet all the requirements above to submit your application for review

### My Application Status

| <a href="#">App Type</a> | <a href="#">Form Id</a> | <a href="#">Status</a> | <a href="#">Submit Date</a> |
|--------------------------|-------------------------|------------------------|-----------------------------|
| There are no records.    |                         |                        |                             |

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

## Payment Details

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Pay Now 1400 Crystal Dr

Payment amount 1400

Payment method American Express ▾

\* Card number

\* Name on card Jessica Dangles

\* Expiration date 01 ▾ 2022 ▾

CSC

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



13. 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. |         |        |             |

14. 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!