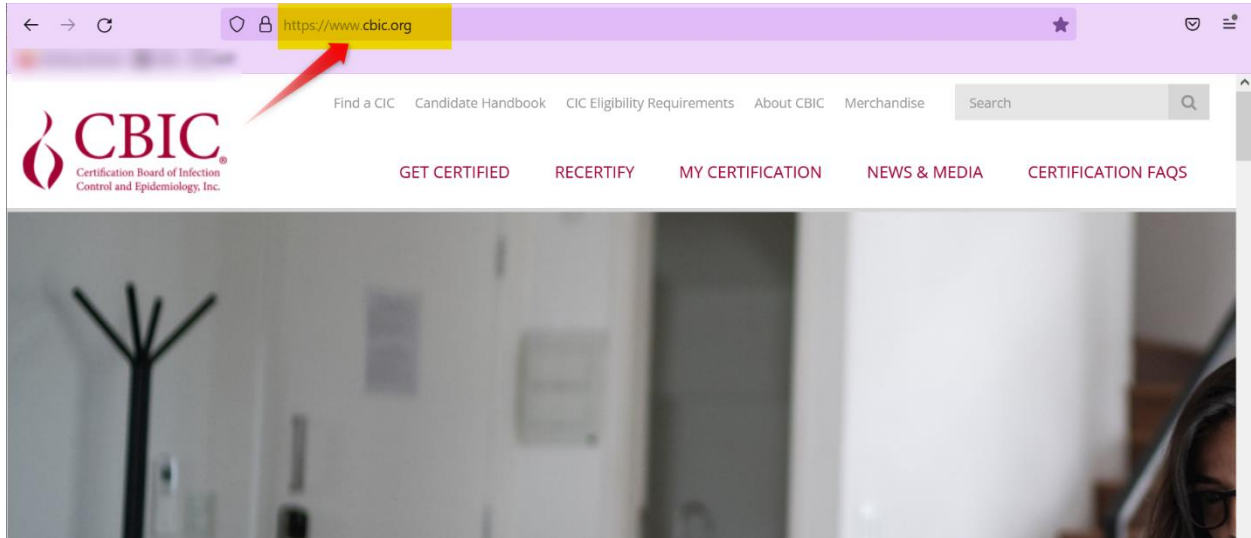
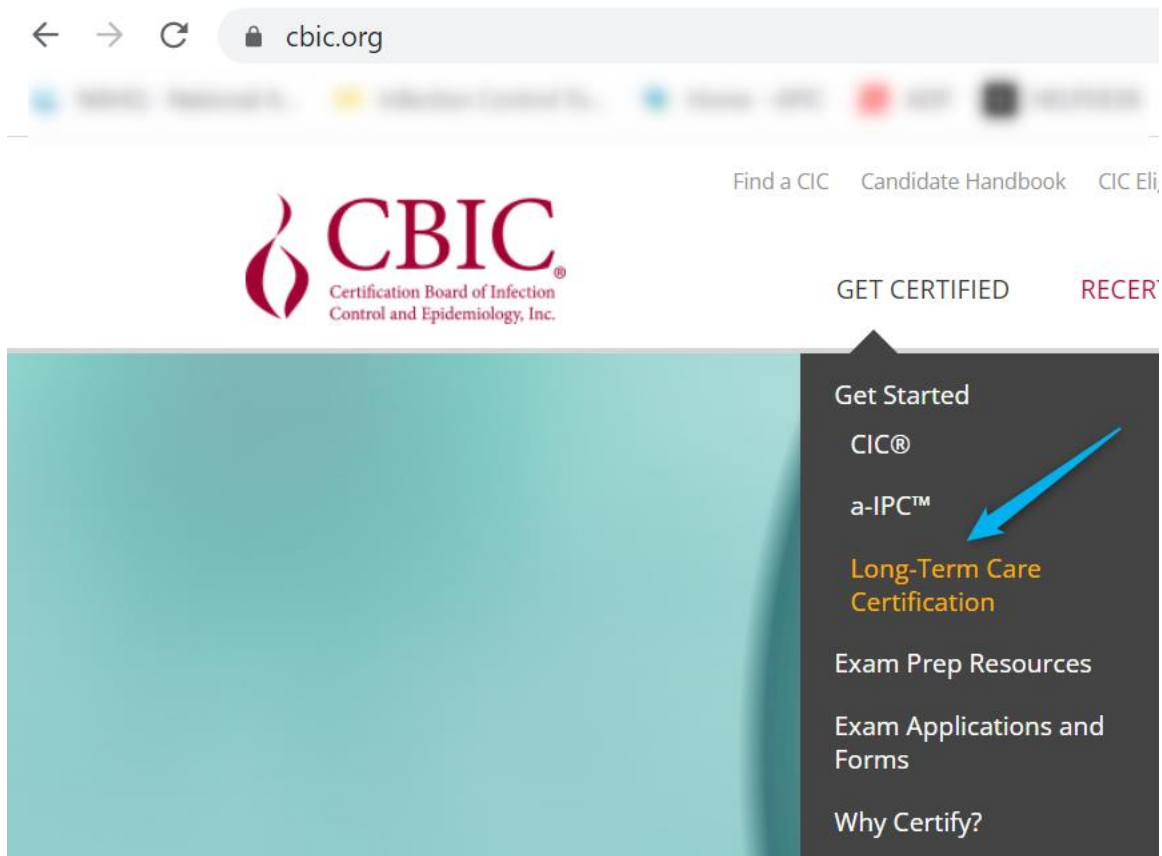


How to apply for the LTC-CIP Examination

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.

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>


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/>

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/>

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](#)** 

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

Start My Application



7. 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



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

Do you require special accommodations?

[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

* 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

- Preventive Medicine
- Psychiatry
- Radiology
- Surgery
- Thoracic and Cardiac Surgery
- Vascular Surgery

Practice area - other

Other Profession

* Please include your name as you would like it printed on your certificate.

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.



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

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

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

Payment Details

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!