



LTC-CIP Attestation of Eligibility

To be completed by employer or supervisor

Employer:

Type of care setting (select one):

Nursing home /skilled nursing facility

Inpatient rehabilitation facility

Assisted living facilities

Hospice care

Senior daycare services

Long-term acute care hospitals

Local Public Health with regulatory oversight (e.g. oversight of municipally owned nursing homes or adult day care centers)

Other (please specify)

I verify that the candidate named below has responsibility for the infection prevention and control programs/activities in a long-term care setting as defined on the [LTC-CIP website](#).

The IP role should include direct **responsibility or collaboration** in the following areas, and I verify that the candidate's practice includes the elements below:

Select all that apply, practice must include all the following infection control elements to be eligible

Identification of infectious disease process

Surveillance and epidemiology

Preventing and controlling the transmission of infectious agents

Environment of care

Cleaning, disinfection, sepsis and sterilization best practices

And at least **2** of the following additional activities:

Employee and occupational health

Management and communication

Education and research

If you have questions, please contact CBIC at 202-454-2625 or info@cbic.org

Candidate Name

Candidate's Employment Start Date:

Employer/Supervisor's Name (please print)

Employer/Supervisor's Title

Employer/Supervisor's Work Phone

Employer/Supervisor's Signature

Date