



Attestation Statement

To be filled out by employer or supervisor

Please complete this form, checking relevant boxes in each section of the form. Return the original signed form to the applicant, who will submit it to our office with a full application. If you have questions, please contact CBIC at (414) 918-9796 or info@cbic.org.

I verify that the following statement is accurate:

The applicant named below is accountable for the infection prevention and control activities/program in their setting, and this is reflected in their current job description;

I verify that the applicant's practice includes the elements below. *Check applicable boxes for the required practice elements.* Practice must include all of the following infection control elements to be eligible:

Identification of infectious disease processes;

AND

Surveillance and epidemiologic investigation;

AND

Preventing and controlling the transmission of infectious agents;

AND

At least 2 of the following additional activities:

- Employee/occupational health;
- Management and communication;
- Education and research;
- Environment of care;
- Cleaning, sterilization, disinfection, and asepsis.

Applicant's Name: _____

Employer/Supervisor's Name (please print): _____

Employer/Supervisor's Title: _____

Employer/Supervisor's Work phone: _____

Employer/Supervisor's Email: _____

Employer/Supervisor's Organization: _____

Employer/Supervisor's Mailing Address: _____

Employer/Supervisor's Signature: _____ Date: _____