



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: \_\_\_\_\_