CIC® RECERTIFICATION EXAMINATION APPLICATION

CBIC
Certification Board of Infection Control and Epidemiology, Inc.

To order the CIC® recertification examination, complete the form below and submit it with the fee to the CBIC Executive Office, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823.

The CIC® recertification examination may be taken by the recertifying practitioner at his/her recertifying interval. To be considered for recertification, the recertification examination must be completed by December 31 of the recertifying year.
Fee: $375 in U.S. funds

The deadline to purchase the recertification examination is December 19, 2019.

Please send me the link for the internet-based recertification examination to the following e-mail address (required) below. I have enclosed payment in U.S. funds for the fee listed below.

PRINT NAME (required)

Last: First: MI:

Designation(s): (required) Current Title: (required) Certification # *(if known)*:

Gender: ☐ Male ☐ Female Date of Birth: Mo: ____ ____ Day: ____ ____ Yr: ____ ____

HOME MAILING ADDRESS ☐ (required) preferred

Street/P.O. Box: City:

State/Province: Country: Zip/Postal Code:

Daytime Telephone No.: Evening Telephone No.: Fax No.:
( ) ( ) ( )

BUSINESS ADDRESS ☐ (required) preferred

Organization Name:

Street/P.O. Box: City:

State/Province: Country: Zip/Postal Code:

Business Telephone No.: Business Fax No.: Email: (required)
( ) ( )

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Education level *(choose highest level)*: (required)

☐ Diploma
☐ Associate
☐ Bachelor
☐ Master
☐ Doctorate

Specialty: _____

PROFESSION (required)

☐ Infection Prevention & Control Professional
☐ Epidemiologist
☐ Director
☐ Microbiologist
☐ Other: _____

PROFESSIONAL LICENSE OR REGISTRATION/CERTIFICATION:
(choose up to two)

☐ LPN or RPN Year obtained: _____
☐ Medical Technologist Year obtained: _____
☐ Physician Year obtained: _____
☐ Registered Nurse Year obtained: _____
☐ Respiratory Therapist Year obtained: _____
☐ Other (specify) Year obtained: _____

_____

☐ None

How would you like to receive your certificate?
☐ Paper Copy ☐ Emailed PDF ☐ Both

Starting February 15th, 2019 all candidates for certification or recertification with CBIC from outside the United States and Canada will only receive digital certificates. If a physical certificate is requested, there will be a $70 flat fee assessed to cover shipping and handling services.

One can request a physical certificate here https://cbic.execinc.com/edibo/CertificateReplacement.

PRACTICE SETTING:

(Please choose at least one of the following:)

☐ Ambulatory Care
☐ Acute Care/Hospital
☐ Behavioral Health
☐ EMS/Public Health
☐ Home Care
☐ Long-Term Care
☐ Veteran Affairs
☐ Self-Employed/Consultant
☐ Other: _____

Year Started in Infection Prevention and Control: _____

PROFESSIONAL ORGANIZATIONS

If you're not a member of APIC or IPAC Canada and would like more information, please check this box: ☐

☐ Recertification Examination $375

Method of Payment:
☐ Check payable to CBIC*
☐ VISA** ☐ MasterCard** ☐ American Express** ☐ Discover**

Credit Card No.: _____

Exp. Date: _____

Signature: _____

** A charge of $20 will apply to checks returned for insufficient funds.*
*** If rebilling of a credit card charge is necessary, a $25 processing fee will be charged.*
*** May take 7-14 Business days to process application..*

Please return this application and appropriate documents and fees to:

Examination Services
CBIC
555 E. Wells St. Suite 1100
Milwaukee, WI 53202
F: 414/276.3349

Within two weeks of application submission, the recertification candidate will receive a confirmation email with specific instructions on how to access their internet-based recertification examination. This email will include a unique candidate ID that must be used each time the candidate signs into their examination. Candidates are able to log into and out of their examination as many times as is necessary, within the established testing window, to complete the examination; responses provided during previous sessions will be saved. Candidate pass/fail results are provided immediately onscreen after submission of the examination and completion of the post-examination survey. A score report will also be mailed to the candidate two to four weeks after exam submission. The recertification examination must be completed by December 31. All incomplete examinations will be automatically submitted for scoring at 11:59pm GMT.

AGREEMENT OF AUTHORIZATION & CONFIDENTIALITY

I have read the eligibility requirements and attest that I meet these requirements.

I understand that I could be audited to verify my eligibility. I understand my certification can be delayed until eligibility is verified.

I authorize the Certification Board of Infection Control and Epidemiology, Inc. to make whatever inquiries and investigations that it deems necessary to verify my credentials and professional standing. I allow the Certification Board of Infection Control and Epidemiology, Inc. to use information from my application and subsequent examination for the purpose of statistical analysis, provided my personal identification with that information has been deleted. I have read and understand the information provided in the Candidate Handbook. I declare that the foregoing statements are true. I understand that false information may be cause for denial or loss of the credential. I understand that I can be disqualified from taking or completing the examination, or from receiving examination scores, if the Certification Board of Infection Control and Epidemiology, Inc. determines that I was engaged in collaborative, disruptive or other prohibited behavior during the administration of the examination.

I further agree to abide by the policies and procedures as set forth in the Candidate Handbook.

Candidate's Signature:

_____

Date:

_____

NOTIFICATION OF SUPERVISOR

If you pass the CIC® exam, who would you like us to contact? (e.g., supervisor, director, CNO, etc.)

Last: First: MI:

Designation(s): Current Title:

Organization Name:

Street/P.O. Box: City:

State/Province: Country: Zip/Postal Code:

Daytime Phone No.: ( )
Evening Telephone No.: ( )
Email: (required)

If you do not want CBIC to notify anyone, please check here ☐