

CIC® RECERTIFICATION EXAMINATION APPLICATION

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.

The deadline to purchase the recertification examination is November 30, 2021.

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) Must match ID/drivers license/passport			
Last:	First:	MI:	
Designation(s): (required)	Title: (required)		
Certification # (if known):			
PREFERRED MAILING ADDRESS (required)			
Street/P.O. Box:		City:	
State/Province:	Country:	Zip/Postal Code:	
Daytime Tel. No.:	Evening Tel. No.:		
Email: (required)			
NOTIFICATION OF SUPERVISOR If you pass the CIC* exam, what If you do not want CBIC to notify anyone, please check here	ho would you like us to contact? (e.g., supe	rvisor, director, CNO, etc.)	
Last:	First:	MI:	
Designation(s):	Title:		
Email Address:			
EXAMINATION PAYMENT ☐ CIC® Recertification Examination: \$375			
Method of Payment: \Box Check payable to CBIC* \Box VISA**	☐ MasterCard** ☐ American Expre	ss**	
Credit Card No.:Ex	p. Date:Signature:		
*A charge of \$20 will apply to checks returned for insufficient funds. **If a days to process application.	rebilling of a credit card charge is necessary,	a \$25 processing fee will be charged. **May take 7-14 Business	
AGREEMENT OF AUTHORIZATION & CONFIDENTIALITY I have read the eligibility requirements and attest that I meet these requ	uirements.		
I understand that I could be audited to verify my eligibility. I understand	nd my certification can be delayed until eli	gibility is verified.	
I authorize the Certification Board of Infection Control and Epidemiol and professional standing. I allow the Certification Board of Infection of for the purpose of statistical analysis, provided my personal identification Candidate Handbook. I declare that the foregoing statements are true. I can be disqualified from taking or completing the examination, or frod determines that I was engaged in collaborative, disruptive or other professional statements.	Control and Epidemiology, Inc. to use info on with that information has been deleted I understand that false information may be om receiving examination scores, if the Cer	rmation from my application and subsequent examination. I have read and understand the information provided in the cause for denial or loss of the credential. I understand that tification Board of Infection Control and Epidemiology, Inc.	
I further agree to abide by the policies and procedures as set forth in the			
Candidate's Signature:	date's Signature:Date:		
Please return this application and appropriate documents ar Examination Services, CBIC; 555 E. Wells St. Suite 1100; Mil		49	

EXAMINATION PROCESS

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. The recertification examination must be completed by December 31. All incomplete examinations will be automatically submitted for scoring at 11:59pm GMT.