

# The Certification Board of Infection Control & Epidemiology, Inc. (CBIC®)

The Certification Board of Infection Control & Epidemiology, Inc. (CBIC®) is a voluntary, autonomous, multidisciplinary board that provides direction for and administers the certification process for professionals in infection control and applied epidemiology. CBIC is independent and separate from any other infection control-related organization or association, but does collaborate with **three partner organizations** (APIC, IPAC, and IFIC) to help promote the importance of being certified in infection prevention and control (CIC®).

## *Mission*

Provide pathways to assess and maintain infection prevention competency.

## *Vision*

Healthcare without infection through verifiable competency.

## Contents

Certification Overview Mission .....	1
Vision .....	1
About the CIC® Certification Examination.....	4
Statement of Non-Discrimination.....	4
Objectives of CIC® Certification and Recertification .....	5
Renewing Lapsed/Expired CIC® Certification.....	5
Recertification for the CIC®.....	5
Objectives of a-IPC™ Certification .....	6
Applying for Certification .....	7
Applying for the CIC® Examination.....	7
CIC® Examination Fees.....	9
CIC® Confirmation of Eligibility .....	9
Applying for the a-IPC™ Examination .....	9
a-IPC™ Examination Fees.....	9
a-IPC™ Confirmation of Acceptance.....	9
CIC® and a-IPC™ Examination Appointment Policy .....	10
Preparing for the Certification Examinations .....	12
Initial CIC® Examination Content Outline.....	12
a-IPC™ Examination Content Outline .....	16
CIC® and a-IPC™ References .....	17
Primary References .....	17
Secondary References .....	17
CBIC Practice Examination .....	19
Sample Examination Questions .....	19
Taking the Certification Examinations.....	25
Scheduling the Examinations .....	25
Emergency Closings.....	25
Live Remote Proctoring.....	26
Special Arrangements for Candidates with Disabilities .....	26
What to Bring to the Exam.....	26
Accessories Policy .....	26
Test Center Regulations.....	27
References .....	27
Personal Items.....	27
Breaks.....	27

Visitors .....	28
Misconduct or Disruptive Behavior .....	28
Weapons.....	28
Copyrighted Questions .....	28
Certification Examination Fees.....	28
After the Examinations .....	29
Score Report .....	29
Candidates Who Pass the Examinations.....	30
Candidates Who Do Not Pass the Initial Examination.....	30
First Time Applicants or Lapsed Applicants .....	30
Scores Cancelled by CBIC or Prometric.....	30
Code of Ethical and Professional Conduct .....	31
Preamble .....	31
Professional Care and Competence .....	31
Professional Integrity and Objectivity .....	31
Fraud-Related Conduct.....	31
Revocation of Certification.....	32
CIC® Recertification Overview .....	34
CIC® Recertification.....	34
Recertification by Examination .....	34
Applying for the CIC® Recertification Examination .....	34
Taking the CIC® Recertification Examination .....	35
Recertification by Continuing Education Portfolio.....	35
CIC® Recertification Schedule.....	40

## *Certification Overview*

### **About the Examinations**

The examination content is based upon results of a practice analysis, which is a survey of practicing professionals in infection prevention and control that is conducted by the Certification Board of Infection Control and Epidemiology, Inc. (CBIC®) every 5 years. The most recent practice analysis was conducted in 2020. The practice analysis determines the scope of knowledge and responsibilities that are currently required by, and are representative of, individuals practicing infection prevention and control. It is important to recognize that examination content is based on this information, even though some elements of the examination may not be directly relevant to every individual taking the exam.

CBIC is responsible for exam applications and approval. Our testing company, Prometric, is responsible for the examination administration, examination security, scoring and statistical analysis of examination content.

CBIC is a Charter member of the Institute for Credentialing Excellence (I.C.E.). CBIC is accredited by the National Commission for Certifying Agencies (NCCA). NCCA accreditation signifies that CBIC has met the highest standards for establishing a valid, reliable, and secure certification process.

### **About the CIC® Certification Examination**

The CIC® examination is the standardized measure of the knowledge, skills and abilities expected of experienced professionals working in infection prevention and control. The CIC® examination is offered five to seven days a week at testing centers throughout the United States, Canada, and select international sites. The initial certification exam is available in English and French Canadian.

The initial CIC® certification exam is an objective, multiple-choice examination consisting of 150 questions (135 of these questions are used in computing the score).

### **Statement of Non-Discrimination**

CBIC offers examinations to all eligible persons regardless of age, gender, race, religion, national origin or disability.

## **CIC® Certification Quick Facts**

### ***Who is the CIC® for?***

The CIC is for infection prevention and control professionals currently has direct responsibility for an IP program in a healthcare setting.

### ***How many questions are on the exam?***

The CIC® exam has 150 multiple-choice questions on the exam, 135 of which are scored.

### ***How much does the initial certification examination cost?***

The initial certification examination costs \$375.

### ***What is the timeframe to take the CIC® examination?***

The examination is offered throughout the year. Once your application is approved, you have a **90-day period** to schedule and sit for your exam.

### ***Where is my closest Prometric testing center?***

Visit

<https://www.prometric.com/test-takers/search/cbic> to locate your nearest center.

### ***How often do I need to renew my CIC® certification?***

Recertification must successfully be completed every five years.

## **Objectives of CIC<sup>®</sup> Certification and Recertification**

The purpose of the CIC<sup>®</sup> certification and recertification process is to protect the public by:

1. Providing standardized measurement of current essential knowledge needed for infection prevention and control practitioners;
2. Encouraging individual growth and study, thereby promoting professionalism among practitioners in infection prevention and control; and
3. Formally recognizing experienced professionals in infection prevention and control who fulfill the requirements for CIC<sup>®</sup> certification and recertification.

To obtain the CIC<sup>®</sup> credential, professionals in infection prevention and control must meet the eligibility requirements and pass the initial CIC<sup>®</sup> certification exam to become certified. Certification in infection prevention and control is valid for five years from the year of successful examination. For example, candidates who certify in 2020 must recertify in 2025, 2030, etc. This is because changes in infection prevention best practices occur frequently. Certified professionals who do not recertify before their certification period expires will lose their CIC<sup>®</sup> designation as of December 31<sup>st</sup> of the last year of the certification period and are considered lapsed. Use of the CIC<sup>®</sup> designation is prohibited until they have reapplied and successfully passed the initial certification exam.

## **Renewing Lapsed/Expired CIC<sup>®</sup> Certification**

If you fail to recertify when you are due and later decide that you would like to once again be certified, you must meet the eligibility criteria for initial CIC<sup>®</sup> certification and reapply as a new candidate.

## **Recertification for the CIC<sup>®</sup>**

The CIC<sup>®</sup> credential is maintained every five (5) years through an examination or continuing education portfolio.

[Jump to CIC<sup>®</sup> Recertification](#)

## About the a-IPC™ Certification Examination

The a-IPC™ (Associate – Infection Prevention and Control™) entry-level certification examination is a measure of basic infection prevention competency. It is intended for the novice IP who does not meet the current requirements for the CIC® and those interested in pursuing careers in infection prevention and control. The a-IPC™ examination is an objective, multiple-choice examination consisting of 100 questions (85 of these questions are used in computing the score).

## Objectives of a-IPC™ Certification

The purpose of the a-IPC™ certification process is to protect the public by:

1. Providing standardized measurement of current essential knowledge needed for persons interested in a career in infection prevention;
2. Encouraging growth and study in infection prevention and control; and
3. Formally recognizing aspiring professionals pursuing a career in the field of infection prevention and control.

To obtain the a-IPC™ credential, a candidate must only have interest in the field of infection prevention and control and pass the examination. The a-IPC™ credential is valid for three (3) years, at which time the a-IPC™ credential is not renewable and successfully passing the CIC® examination is the only method to maintain certification in infection prevention and control.

**Note: Passing the a-IPC™ exam does not automatically qualify a candidate for the CIC® exam.**

## *a-IPC™ Certification Quick Facts*

### *Who is the a-IPC™ for?*

The a-IPC™ is for the novice infection preventionist interested in pursuing a career in IPC.

### *How many questions are on the exam?*

The a-IPC™ exam has 100 questions, 85 of which are scored.

### *How much does the a-IPC™ cost?*

There is an application fee of \$295.

### *What is the timeframe to take the examination?*

The a-IPC™ is offered throughout the year. Once your application is approved, you have a **90-day period** to schedule and sit for your exam.

### *Where is my closest Prometric testing center?*

Visit [www.prometric.com/test-takers/search/cbic](http://www.prometric.com/test-takers/search/cbic) to locate your nearest center.

### *How do I renew my a-IPC™ certification?*

The a-IPC™ is not renewable and is valid for three (3) years.

## Applying for Certification

### Applying for the CIC® Examination

#### Eligibility Requirements for CIC® Certification

In order to be eligible to take the initial certification exam, you must meet ALL of the following requirements.

First-time candidates, candidates who have not successfully passed the examination, and lapsed certificants wishing to become certified again must have:

1. Completed post-secondary education in a health-related field including but not limited to medicine, nursing, laboratory technology, public health, or biology. A diploma RN, an LPN/LVN, DPN, and a health-related Associate's degree, Bachelor's, Master's, or Doctorate would be eligible. Post-secondary includes public or private universities, colleges, community colleges, etc.
2. Within their role this person is responsible for providing consultation to departments or assigned practice settings on infection prevention and control program elements, practices and processes, as well as products used within health care facilities.
3. Work experience, defined as active engagement in infection prevention, determined by a current job description, for compensation, for a minimum of:
  - a. At least one-year full-time employmentOR
  - b. Two years part-time employmentOR
  - c. completed 3,000 hours of infection prevention work experience earned during the previous three years

Infection prevention activities must include:

1. Identification of infectious disease processes
2. Surveillance and epidemiologic investigation
3. Preventing and controlling the transmission of infectious agents
4. Environment of care
5. Cleaning, disinfection, sterilization, and asepsis

AND at least two (2) of the remaining three (3) components:

**You must include ALL of the following documentation with your completed CIC® application:**

1. Proof of diploma/degree or transcript (a letter is not sufficient).
2. Completed current attestation statement form signed by your supervisor/director, attesting that you meet all of the eligibility requirements.
3. Official job description for the position in which you are currently employed, also signed by your supervisor/director.
4. A copy of your CV or resume.
5. Consultant and self-employed applicants only: Candidates must have client attestation statements completed by three (3) clients whom they have provided infection prevention and control services to in the past 2 years. The client attestation statement form for self-employed candidates can be downloaded from the CBIC website. Attestation statements should be directly forwarded by the person completing them to the [info@cbic.org](mailto:info@cbic.org).
6. Payment of the examination fees. Applications are available online and payment must be made by credit card.

CBIC reserves the right to verify all information supplied by the candidate. An application is considered complete when:

1. all requested information has been submitted and determined to be accurate,
2. examination fees have been submitted,
3. the candidate has been determined eligible for the examination.

To apply online:

Go to [www.cbic.org](http://www.cbic.org) and select the “Exam Applications and Forms” link under the “Get Certified” tab.

Special Accommodations Forms:

- [Request for Special Accommodations](#)
- [Documentation of Disability-Related Needs](#)

## ***Application Quick Facts***

### ***How long does it take to process applications?***

Applications take up to seven (7) business days to process, including those for recertification.

### ***Can applications be emailed?***

Applications may be emailed to [info@cbic.org](mailto:info@cbic.org).

### ***What if my application is not approved?***

CBIC will make efforts to obtain further documentation from a candidate if the submitted documentation is incomplete or does not prove eligibility. If a candidate is ultimately determined ineligible, the candidate will be refunded their application fee in full.

### ***What if I want to cancel my application?***

Applications will be refunded in full and may be cancelled at any time prior to approval of your application.

### ***Does CBIC prescreen?***

No.

### ***What does the application fee include?***

The fee covers the application and the exam.

## **CIC® Examination Fees**

The fee for the initial CIC® certification examination is \$375. Candidates must submit the appropriate fee with a complete examination application.

## **CIC® Confirmation of Eligibility**

Your application is not complete until you receive an email confirmation of eligibility containing instructions on how to schedule your examination. If a CIC® application is incomplete or there is not sufficient proof of eligibility, a CBIC staff member will contact the applicant via the email address provided on the application with further instructions.

CBIC sends candidates an email confirmation of eligibility containing exam scheduling instructions to the candidate within seven (7) business days of acceptance of the application. If eligibility is denied, you will be contacted by CBIC. *If a confirmation notice is not received within two weeks of submission, and cannot be found in your spam folder, contact CBIC at [info@cbic.org](mailto:info@cbic.org).*

The confirmation email includes instructions detailing how to schedule an examination appointment with Prometric online.

## **Applying for the a-IPC™ Examination**

To apply online:

Go to [www.cbic.org](http://www.cbic.org) and select the a-IPC™ link under the [“Get Certified”](#) tab.

No further documentation aside from the application and examination payment is required for the a-IPC™. Once an application has been successfully submitted and payment processed, the candidate will receive an email notifying them of submission.

Special Accommodations Forms:

- [Request for Special Accommodations](#)
- [Documentation of Disability-Related Needs](#)

## **a-IPC™ Examination Fees**

The fee for the a-IPC™ is \$295. Candidates must submit the appropriate fee with a complete examination application.

## **a-IPC™ Confirmation of Acceptance**

Your application is not complete until you receive an email confirmation containing instructions on how to schedule your examination. CBIC sends candidates an email confirmation to the candidate within seven (7) business days of acceptance of the application. If the application is not approved, you will be contacted by CBIC. *If a confirmation notice is not received within two weeks of submission, and cannot be found in your spam folder, contact CBIC at [info@cbic.org](mailto:info@cbic.org).*

The confirmation email includes instructions detailing how to schedule an examination appointment with Prometric online.

## CIC<sup>®</sup> and a-IPC<sup>™</sup> Examination Appointment Policy

### ➤ Requesting an Extension

- This is intended for those who would like to extend their 90-day eligibility window, whether they have scheduled their examination appointment or not.
1. Fill out an [Extension Request Form](#).
    - Extension requests will **not** be considered under the following circumstances:
      - Not prepared to sit for the examination.
      - Requests submitted within 5 days of scheduled examination date or eligibility end-date without sufficient supporting documentation.
      - Examples of supporting documentation include: doctors note, verifiable letter from direct manager or supervisor, etc.
      - Request to extend eligibility beyond 60 days of scheduled examination date or eligibility end date.
      - If you are uncertain if you qualify for an extension contact the CBIC Office.
  2. Please allow 7-10 business days for your extension to be reviewed.
  3. If your extension request is approved and you have already scheduled an examination appointment through Prometric, you must complete the following in order for CBIC to process your request:
    - a. Cancel your examination appointment through Prometric:  
<https://www.prometric.com/test-takers/search/cbic>.
    - b. Provide a screenshot or copy of the confirmation of cancellation email to the CBIC Office.
    - c. Complete a \$72 extension request invoice to CBIC (the invoice will be provided to you upon notification from CBIC).

If your extension request is approved and you have *not* scheduled an appointment through Prometric, you will only need to submit the \$72 extension request invoice.

4. After you have completed the above, please allow 5-7 business days for payment to be processed and to schedule a new examination appointment through Prometric with your new eligibility date (new eligibility date will be indicated in aforementioned invoice).

### ➤ Cancelling Examination Appointment and/or Eligibility

- You may cancel your eligibility at any point up until five days of appointment date (if scheduled) or eligibility end date (whichever happens first), at which point examination fees will be forfeited.
1. If you have scheduled your appointment through Prometric, you **must cancel the appointment first** (fees may apply): <https://www.prometric.com/test-takers/search/cbic>. Then, proceed to step 2. If you have not scheduled your appointment, go directly to step 2.

2. Contact the CBIC Office to make a cancellation request. You may reach CBIC at [info@cbic.org](mailto:info@cbic.org).
3. You will be refunded \$265 for the CIC® and \$215 for the a-IPC.

*\*\*Note: Any cancellation requests submitted outside the 90-day eligibility window will not be accepted.*

*\*\*If you are outside of your 90-day window or missed your appointment, you must resubmit an application, application fee, and all supporting documentation to be considered for certification again.*

## *Preparing for the Certification Examinations*

The expanded examination content outline provided below is a useful tool for course and curriculum preparation and to judge the relevance of topics to the content of the examination. The below content outline is for the initial certification examination.

**Please note:** The recertification examination content outline contains the same content as listed below but the scored domains and number of items in each domain area may vary slightly. This section also contains reference lists for all examinations, as well as information about the CBIC practice examination.

### **Initial CIC® Examination Content Outline**

This content outline reflects the results of the Practice Analysis conducted in 2020.

#### **1) Identification of Infectious Disease Processes (22 items)**

- a. Interpret the relevance of diagnostic, radiologic, procedural, and laboratory reports
- b. Identify appropriate practices for specimen collection, transportation, handling, and storage
- c. Correlate clinical signs, symptoms, and test results to identify possible infectious disease
- d. Differentiate between colonization, infection, and pseudo infection (e.g., contamination)
- e. Differentiate between prophylactic, empiric and therapeutic uses of antimicrobials
- f. Assess risk factors for infectious diseases (e.g., travel, vaccination status, immunocompromising factors)
- g. Monitor current and emerging local and global health threats (e.g., local, national, and international public health organizations)

#### **2) Surveillance and Epidemiologic Investigation (22 items)**

##### a. Design of Surveillance Systems

1. Conduct a risk assessment based on the following: geographic location, demographics of the population served, care, treatment, services provided, analysis of infection prevention data, evidence-based guidelines or recommendations, and regulatory or other requirements as applicable
2. Develop goals and objectives based upon the risk assessment
3. Develop a surveillance plan based on the goals identified from the risk assessment
4. Adopt or establish standardized surveillance definitions
5. Create a process to identify epidemiologically significant findings and notify relevant parties (e.g., nursing unit, health department, leadership)
6. Integrate surveillance activities across health care settings (e.g., ambulatory, home health, long term care, acute care, behavioral)
7. Establish process for identifying individuals with communicable diseases requiring transmission-based precautions and/or follow up (e.g., reporting to health department)
8. Periodically evaluate the ability of the surveillance plan to obtain relevant data and modify as necessary

##### b. Collection and Compilation of Surveillance Data

1. Collect data using standardized definitions
2. Utilize a systematic approach to obtain and record surveillance data
3. Organize and manage data in preparation for analysis
4. Calculate the incidence and/or prevalence of infections
5. Calculate specific infection rates/ratios (e.g., provider specific, unit specific, device specific, procedure specific, Standardized Infection Ratio)

c. Interpretation of Surveillance Data

1. Validate surveillance data
2. Use basic statistical techniques to describe, analyze, and interpret data (e.g., mean, standard deviation, rates, ratios, proportions)
3. Compare surveillance results to published data and/or other relevant benchmarks (e.g., prior surveillance data, national databases)
4. Monitor and interpret the relevance of surveillance data (e.g., antimicrobial susceptibility patterns)
5. Prepare and present findings in a format that is relevant to the audience/stakeholders (e.g., graph, tables, charts)

d. Outbreak Investigation

1. Verify existence of an outbreak or exposure
2. Notify appropriate internal and external stakeholders
3. Collaborate with appropriate persons to establish the case definition, period of investigation, and case finding methods
4. Define the problem using time, place, person, and risk factors
5. Formulate hypothesis on source and mode of transmission
6. Collect additional data (e.g., environmental samples, active surveillance cultures)
7. Design and implement control measures, including ongoing surveillance
8. Monitor and evaluate control measures for effectiveness
9. Prepare and disseminate reports

**3) Preventing/Controlling the Transmission of Infectious Agents (22 items)**

- a. Develop infection prevention policies and procedures based on law and regulation, manufacturer's instructions for use, evidence based guidelines and national standards (as applicable)
- b. Collaborate with relevant groups and agencies in planning community/facility responses to biologic threats and disasters (e.g., public health, anthrax, influenza, emerging pathogens)
- c. Identify and implement infection prevention and control strategies related to:
  1. Hand hygiene
  2. Appropriate availability, selection, use, and disposal of Personal Protective Equipment
  3. Appropriate donning and doffing of Personal Protective Equipment
  4. Patient placement, transfer, and discharge
  5. Respiratory hygiene and cough etiquette
  6. Use of patient care products and medical equipment
  7. Principles of safe injection practices (e.g., parenteral medication administration, single use of syringes and needles, appropriate use of single and multi-dose vials)

8. Compounding medications
  - d. Identify and implement strategies related to Transmission based Precautions (in addition to standard precautions)
  - e. Adapt transmission based precautions to the specific healthcare setting, the facility design characteristics, and the type of patient interaction
  - f. Collaborate with key stakeholders on antimicrobial stewardship programs (e.g., leadership, pharmacist, infectious disease specialist)
    1. Monitor and interpret the relevance of antimicrobial susceptibility patterns
  - g. Collaborate with key stakeholders on emergency preparedness and management
    1. Plan for the influx of patients with known/suspected communicable diseases (e.g., bioterrorism, emerging infectious diseases, syndromic surveillance)
    2. Identify infection preventions role in mass casualty incidents and emergency/disaster management
    3. Assess readiness of emergency management plans
    4. Establish infection prevention coverage in emergency situations
    5. Integrate infection prevention strategies into the four phases of emergency/disaster response in the emergency operations plan (e.g., mitigation, preparedness, response, recovery)

#### **4) Employee/Occupational Health (11 items)**

- a. Assess and/or develop screening and immunization programs
- b. Collaborate with employee/occupational health regarding counseling, follow up, and work restriction recommendations related to communicable diseases and/or exposures
- c. Collaborate with employee/occupational health to evaluate data related to infection prevention and provide recommendations (e.g., needle stick injuries, splashes)
- d. Collaborate with employee/occupational health to identify healthcare personnel who may represent a transmission risk to patients, coworkers, and communities
- e. Consult on use of alternative infection prevention options (e.g., allergies to products)
- f. Assess risk of occupational exposure to infectious diseases (e.g., Mycobacterium tuberculosis, bloodborne pathogens)
- g. Educate on safe work practices (e.g., PPE, safe injection practices, hand hygiene)

#### **5) Management and Communication (14 items)**

- a. Planning the Infection Prevention Program
  1. Develop, evaluate, and revise goals, measurable objectives, and plan for the Infection Prevention Program
  2. Assess needs then recommend specific equipment, personnel, information technology, and resources to support the Infection Prevention Program
  3. Participate in cost benefit assessments, efficacy studies, evaluations, and standardization of products and processes
  4. Recommend changes in practice based on regulation, critically appraised literature, clinical outcomes, and financial implications
  5. Assign value to prevention of and/or presence of healthcare associated infection prevention (e.g., cost/benefit analysis, return on investment)

## b. Communication

1. Provide infection prevention findings, recommendations, and reports to appropriate stakeholders
2. Facilitate and monitor implementation of policies, procedures, and recommendations
3. Establish a process to communicate notifiable diseases to internal and external stakeholders (e.g., health authority, receiving facility, transitions of care)
4. Collaborate with internal and external stakeholders in the identification and review of adverse and sentinel events
5. Evaluate and facilitate compliance with accreditation standards/regulatory requirements
6. Identify chain of command (e.g., media inquiry)

## c. Quality Performance Improvement and Patient Safety

1. Participate in quality/performance improvement and patient safety activities related to infection prevention (e.g., failure mode and effects analysis, plan do study act)
2. Develop, monitor, measure, and evaluate infection prevention performance indicators to drive quality improvement initiatives
3. Select and apply appropriate quality/performance improvement tools (e.g., “fishbone” diagram, Pareto charts, flow charts, Strengths Weaknesses Opportunities Threats, Gap Analysis)

## 6) Education and Research (12 items)

### a. Education

1. Assess needs, develop goals and measurable objectives for preparing educational offerings
2. Prepare, present, coordinate, and/or disseminate educational content that is appropriate for the audience
3. Identify the differences between the concepts of knowledge, training, and competency
4. Provide immediate feedback, education, and/or training to healthcare workers when lapses in practice are observed
5. Facilitate education of patients, families, and others regarding prevention and control measures
6. Assess the effectiveness of education and learner outcomes (e.g., observation of practice, process measures)
7. Implement strategies that engage the patient, family, and others in activities aimed at preventing infection

### b. Research

1. Conduct a literature review
2. Critically appraise the literature (e.g., p value, peer reviewed)
3. Facilitate incorporation of applicable research findings into practice
4. Identify opportunities for research related to performance improvement (e.g., effectiveness studies, product trials)

## **7) Environment of Care (14 items)**

### **a. Environmental Safety**

1. Recognize and collaborate on processes for a safe care environment (e.g., Heating Ventilation Air Conditioning management, water pathogen management, laundry, waste management, environmental cleaning)
2. Collaborate on the evaluation and monitoring of environmental cleaning and disinfection practices and technologies
3. Collaborate with others to select and evaluate environmental cleaning and disinfectant products
4. Identify infection prevention processes related to recall of potentially contaminated equipment, food, medications, and supplies
5. Monitor for environmental pathogens (e.g., Legionella, Aspergillus)

### **b. Recognize and monitor elements important for a safe care environment (e.g., Heating-Ventilation-Air Conditioning, water standards, construction)**

1. Evaluate infection risks and make recommendations during the planning, design, and commissioning phases of construction (e.g., surface choice, number of isolation rooms, type and placement of sinks)
2. Assess infection risks and provide recommendations for risk mitigation during construction, renovation, and maintenance (e.g., establishment of negative pressure, type of barriers)
3. Establish through collaboration, the monitoring of risk mitigation during construction, renovation, and maintenance through commissioning

## **8) Cleaning, Disinfection, Sterilization of Medical Devices and Equipment (18 items)**

- a. Identify and evaluate appropriate cleaning, disinfection, and sterilization practices based on intended use (e.g., Spaulding classification)
- b. Collaborate with stakeholders to determine if products are single use, able to be reprocessed internally, or require an external reprocessing facility
- c. Identify and evaluate through direct observations critical steps of cleaning/low level disinfection, high level disinfection, and/or sterilization
- d. Audit the documentation of the process to ensure regulatory and policy requirements are met

a-IPC™ Examination Content Outline (Candidates taking the a-IPC™ examination through June 21, 2022, will be tested on the below content outline.)

- 1) **Identification of Infectious Disease Processes (14 items)**
- 2) **Surveillance and Epidemiologic Investigation (15 items)**
- 3) **Preventing/Controlling the Transmission of Infectious Agents (16 items)**
- 4) **Employee/Occupational Health (7 items)**
- 5) **Management and Communication (8 items)**
- 6) **Education and Research (7 items)**

- 7) **Environment of Care (9 items)**
- 8) **Cleaning, Sterilization, Disinfection, Asepsis (9 items)**

a-IPC™ Examination Content Outline (beginning July 1<sup>st</sup> 2022)

1. **Processes to Identify Infectious Diseases (13 items)**
2. **Surveillance and Epidemiologic Investigation (14 items)**
3. **Preventing/Controlling the Transmission of Infectious Agents (14 items)**
4. **Employee/Occupational Health (7 items)**
5. **Management and Communication of the Infection Prevention Program (9 items)**
6. **Education and Research (8 items)**
7. **Environment of Care (9 items)**
8. **Cleaning, Disinfection, Sterilization of Medical Devices and Equipment (11 items)**

### **CIC® and a-IPC™ References**

References have been categorized as primary and secondary sources for content information. Most questions are based on material in the primary references. Secondary references may be useful to help clarify more detailed issues in specific practice settings or content areas such as microbiology.

#### **Primary References**

- Alesich Chachere, C. Hernandez, AS. (2018). Ready Reference for Microbes, 4th ed. The Association for Professionals in Infection Control and Epidemiology, Inc. (APIC)
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- Current national and international guidelines, standards, and recommendations: e.g. World Health Organization, Advisory Committee on Immunization Practices, Healthcare Infection Control Practices Advisory Committee, Association for the Advancement of Medical

Instrumentation, Association of periOperative Registered Nurses, Infectious Diseases Society of America, Society for Healthcare Epidemiology of America, American Society for Microbiology, Public Health Agency of Canada, and Public Health Ontario.

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- Regulatory Agencies: e.g. U.S. Food and Drug Administration, Occupational Safety and Health Administration, United States Environmental Protection Agency, Centers for Medicare and Medicaid Services , The Joint Commission, Joint Commission International and other regional, national, and international regulations.

## CBIC Practice Examination

CBIC offers an online practice examination, available on our website at [www.cbic.org](http://www.cbic.org). The CBIC practice examination is a 70-question multiple choice computer-based test, and can be purchased for \$50 through Prometric. **Once purchased, the practice examination must be taken immediately, and expires three hours after purchase.**

The online practice examination allows candidates to familiarize themselves with the testing software. It is an excellent tool for applicants to become comfortable with the computer-based testing format. **Please note that this practice examination is not intended as a content-based study tool, and does not accurately reflect the current content on the CIC<sup>®</sup> or a-IPC<sup>™</sup> examinations.** For this reason, the practice examination does not provide answers for the questions after submission, but merely reflects a “pass” or “fail” to the candidate.

***Please note: Good performance on this practice examination does not guarantee that candidates will pass the CIC<sup>®</sup> or a-IPC<sup>™</sup> examinations and should not be used as an assessment of readiness***

For more information about the CBIC practice examination, visit the CBIC website at the following address: <https://www.cbic.org/CBIC/Online-Practice-Exam.htm>. Please note, the Practice Exam is purchased through our testing company, Prometric; any issues or refund requests should be directed to Prometric.

## Sample Examination Questions

These questions have not appeared on previous editions of the exam and have not undergone the full test development process. These are provided to APIC as examples of the types of questions included on the exam, but do not necessarily represent current test criteria or the level of difficulty.

### Identification of Infectious Disease Processes

1. Koplik spots are a symptom that is specific to which of the following viruses:
  - a. Varicella
  - b. Rubella
  - c. Rubeola
  - d. Coxsackievirus

*Correct answer is c  
Pinkbook of Vaccine Preventable Diseases*

2. Anti-HBc indicates
  - a. Prior infection with Hepatitis B.
  - b. Status as a Hepatitis B carrier.
  - c. New infection with Hepatitis B.
  - d. Prior immunization with Hepatitis B vaccine.

*Correct answer is a  
Pinkbook of Vaccine Preventable Diseases*

3. Serologic markers of a recent infection include:

- a. IgG
- b. IgM
- c. IgA
- d. IgC

*Correct answer: b*  
*Pinkbook of Vaccine Preventable Diseases*

4. A gram stain of cerebrospinal fluid showing gram negative diplococci strongly suggest which of the following:
- a. Aseptic Meningitis
  - b. Pneumococcal disease
  - c. Meningococcal disease
  - d. *H. influenzae* disease

*Correct answer: c*  
*Pinkbook of Vaccine Preventable Diseases*

### **Surveillance and Epidemiologic Investigation**

5. The first step in an outbreak investigation is:
- a. Develop a case definition.
  - b. Begin case finding.
  - c. Confirm the outbreak.
  - d. Notify senior leadership.

*Correct answer: c*  
*APIC Text Chapter 12*

6. Surveillance is defined as
- a. Systematic collection of data for reporting.
  - b. Focused data collection to detect problems.
  - c. Targeted collection of data for quality assurance.
  - d. Systematic collection of data for planning, implementation, and evaluation.

*Correct answer: d*  
*APIC Text Chapter 11*

7. Endemic infections are those infections that occur in a population:
- a. Rarely.
  - b. at a usual rate.
  - c. at a higher-than-normal rate.
  - d. that has never been affected by them before.

*Correct answer: b*  
*APIC Text Chapter 11*

8. Pandemic infections are those that occur
- In a narrow geographic area.
  - In a single country affecting many people.
  - Among a previously unaffected population.
  - In a widespread geographic area affecting much of the population.

*Correct answer: d*  
*Reference APIC Text Chapter 11*

### **Preventing/Controlling the Transmission of Infectious Agents**

9. Virulence describes:
- The reservoir of an organism.
  - A factor related to a disease host.
  - The ability of an organism to invade a host and cause disease.
  - The ease with which an organism can be killed/inactivated by disinfectants.

*Correct answer: c*  
*Reference APIC Text Chapter 22*

10. The Advisory Committee on Immunization Practices (ACIP) recommends which of the following vaccines for all persons over the age 65?
- MMR
  - TDaP
  - Varicella
  - Pneumococcal

*Correct answer: d*  
*Reference APIC Text Chapter 62*

11. Important interventions to prevent central line-associated bloodstream infections include:
- Ensuring that central lines are rotated periodically.
  - Ensuring all central lines are inserted in a procedure room.
  - Ensuring that skin is cleansed with iodophor prior to insertion.
  - Evaluating products to ensure all needed supplies are contained within insertion kits.

*Correct answer: d*  
*APIC Text Chapter 35*

12. Important interventions to prevent catheter-associated urinary tract infections include:
- Regularly changing urine collection bags.
  - Obtaining a urine culture when a foul odor is present.
  - Obtaining a urine culture urine when pyuria is noted.
  - Ensuring urinary catheters are inserted for appropriate indications.

*Correct answer: d*  
*APIC TEXT Chapter 34*

## Employee and Occupational Health

13. Elements of an Occupational Health program include:
- Surveillance of patient illnesses.
  - Education of personnel about their risk of disease acquisition.
  - Investigation of patients exposed to ill healthcare personnel.
  - Notification of patients exposed to ill healthcare personnel.

*Correct answer b  
APIC Text Chapter 102*

14. A pregnant healthcare worker with previous history of varicella vaccination is assigned to care for an individual with disseminated shingles. She should:
- be reassigned to care for other patients.
  - utilize Standard/Routine and Airborne Precautions while caring for the patient.
  - receive an additional varicella vaccine during pregnancy.
  - be advised to consult with her provider about potential exposure.

*Correct answer b  
APIC Text Chapter 106, Table 106-2*

## Management and Communication

15. Competence may be thought of as:
- the process of teaching a skill to a learner.
  - the ability to put knowledge into action.
  - the process of attaining knowledge and skill.
  - the ability to identify problems in the workplace.

*Correct answer: b  
APIC Text Chapter 2*

16. According to the APIC Competency Model the Early Novice IP is should pursue competency in all the following except:
- Developing policies.
  - Learning the basics of epidemiology.
  - Performing advanced analysis of statistics.
  - Participating in ongoing learning opportunities.

*Correct answer c  
APIC Text Chapter 2*

## Education and Research

17. The most basic goal of infection prevention education is:
- Ensuring knowledge of policies and procedures.
  - Identifying risk for disease transmission.
  - Developing competency in infection prevention.
  - Developing evidence-based procedures.

*Correct answer c*  
*APIC Text Chapter 3 – Key Concepts*

18. A competency statement describes:

- a. Responsible personnel.
- b. Steps in a psychomotor skill.
- c. Recommended performance measures.
- d. Worker skill, knowledge, and mind set needed to perform a duty.

*Correct answer d*  
*APIC Text Chapter 3*

### **Environment of Care**

19. Infection preventionists should review which of the following when assessing the environment of care?

- a. Outdoor air quality.
- b. Weather related outdoor humidity.
- c. Air pressure relationships within the facility.
- d. Elevation of the head of the bed for patients on ventilators.

*Correct answer c*  
*CDC Environmental Infection Control Guidelines*

20. The temperature of cold food storage (e.g., refrigerators) is monitored and recorded every 4 hours. When reviewing the temperature log the IP notes that the refrigerator temperature has been recorded as being 45 degrees Fahrenheit for the previous 16 hours. What action should be taken first?

- a. No action is needed.
- b. A work order to fix the refrigerator should be placed.
- c. Discard food that has not been maintained at proper temperatures.
- d. Determine if the temperature is being recorded after the refrigerator doors have been open for restocking.

*Correct answer c*  
*APIC Text Chapter 111 Key concepts*

### **Cleaning, Sterilization, and Disinfection**

21. Critical items, according to the Spaulding Classification, are those that:

- a. Contact mucous membranes.
- b. Contact normally sterile body sites.
- c. Must be high-level disinfected.
- d. Include surfaces in critical care units and surgery.

*Correct answer b*  
*APIC Text Chapter 31*

22. Cleaning is defined as:

- e. Removal of organic material.
- f. Applying sporicidal solutions to surfaces.
- g. Inactivation and killing of microorganisms.
- h. Activities that achieve the absence of pathogenic levels of microorganisms.

*Correct answer a  
APIC Text Chapter 31*

## Taking the Certification Examinations

### Scheduling the Examinations

A candidate's eligibility is valid for 90 days after receiving the email confirmation notice from CBIC. ***The examination must be scheduled and taken within this 90-day period.*** A candidate who fails to schedule an exam appointment ***within the 90-day eligibility period*** forfeits his/her examination fees and must submit a new completed application and the appropriate examination fee in order to schedule an examination appointment.

***For the CIC<sup>®</sup>, examination appointments are scheduled for a 3.5 hour window of time*** – three hours for the examination itself, and fifteen minutes on each end for completion of the tutorial and the post-exam survey.

***For the a-IPC<sup>™</sup>, examination appointments are scheduled for a 2.5 hour window of time*** – two hours for the examination itself, and fifteen minutes on each end for completion of the tutorial and the post-exam survey.

Candidates can schedule their examination online:

1. Access <https://www.prometric.com/test-takers/search/cbic>.
2. Click on “Schedule My Test”
3. Select the location at which you would like to test

Follow the instructions provided in your confirmation email for finding and selecting a test center location and test date and time.

You will receive an email with a 16-digit number confirming your appointment. Record and keep this confirmation number for your records.

### Rescheduling Your Appointment

You may reschedule or cancel your appointment online at <https://www.prometric.com/test-takers/search/cbic> or by calling (800) 278-6222.

Prometric rescheduling fees are as follows:

- Rescheduling 30 days or more in advance – No Charge
- Rescheduling between 5 and 29 days in advance - \$30 Fee
- No rescheduling or cancellations are allowed within 5 days of your appointment; examination fees will be forfeited.

### Emergency Closings

Severe weather or an emergency could require canceling scheduled exams. If this occurs, Prometric will attempt to contact candidates by phone or email; however, you may check for testing site closures by calling Prometric or logging on to <https://www.prometric.com/closures>. If the site is closed, your exam will be rescheduled without a rescheduling fee.

If a testing center is open for testing and you choose not to appear for testing, your fee will be forfeited, and you will need to pay another full exam fee. Please call CBIC with any concerns regarding missed appointments due to unforeseen circumstances.

## Live Remote Proctoring

The ProProctor™ system from Prometric can be used for live remote testing and permits a candidate to test from their home or office in place of a brick-and-mortar testing center. This option is available to all candidates taking the CIC or a-IPC examination if they meet the technical and physical requirements listed in the ProProctor User Guide and on the CBIC website. However, for candidates requesting certain ADA accommodations (ex: reader and/or recorder option), testing in a physical Prometric testing center may be required. The candidate does not need prior approval from CBIC to schedule their exam remotely. The remote proctor protects against academic dishonesty by confirming the test taker's identity and recording the surroundings during the exam through audio and video recording.

Any candidates who wish to take their exam using live remote proctoring may do so if they meet the technical and physical requirements listed in the ProProctor User Guide and on the CBIC website. Candidates are responsible for ensuring they meet the minimum required system requirements and running a system check prior to their testing day.

For more information on ProProctor™ that includes FAQs and a video on how the process works visit the [Prometric site](#) and the [CBIC website](#).

## Special Arrangements for Candidates with Disabilities

In compliance with the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act, special testing accommodations will be considered for individuals with disabilities recognized by the ADA. **Request for special accommodations must be made at the time of application.** Please complete the Request for Special Accommodations and Documentation of Disability forms found on the CBIC website, in order to be eligible.

Special Accommodations Forms:

- [Request for Special Accommodations](#)
- [Documentation of Disability Related Needs](#)

## What to Bring to the Exam

You should arrive at least **30 minutes before** your scheduled exam appointment. You will be required to present one valid, government-issued ID (e.g., driver's license or passport, other federal or military ID), with your signature and a recognizable photograph. The identification document must be in Latin characters. If you are testing outside of your country of citizenship, you must present a valid passport. The name on your ID **MUST MATCH EXACTLY** what Prometric has in their system. If your name does not match exactly (e.g. missing a middle name), please contact [info@cbic.org](mailto:info@cbic.org) to correct your name.

All other personal items, including watches, must be secured in a locker for test security purposes, so please limit what you bring to the testing center. You will be screened with a metal detector during check-in. Please review the testing rules and regulations found on the Prometric website at <https://www.prometric.com/test-takers/search/cbic>.

## Accessories Policy

- **All candidates are required to remove their eyeglasses** for close visual inspection by testing center staff. These inspections will take a few seconds and will be done at check-in and again upon return from breaks.

- **All jewelry is prohibited.** Hair accessories are subject to inspection. **Candidates should refrain from wearing ornate clips, combs, barrettes, headbands, and other hair accessories** as they may be prohibited from wearing them into the testing room and asked to store them in their locker.
- If candidate is caught with a camera device, Prometric will confiscate it and the exam will be terminated. All fees will be forfeited.

**Please note:** You can find additional information on [Prometric testing policies here](#).

### Important

- If you do not provide correct identification at the time of the exam, it is considered a missed appointment. Your identification **must match exactly** what you use to submit your application. You will be required to pay another full exam fee before choosing another appointment.
- If you arrive more than 30 minutes late for an appointment, examination fees will be forfeited. If you are a no-show to your appointment, examination fees will be forfeited.
- You cannot reschedule any exam on the final day of your eligibility or the day of your scheduled exam.

## Test Center Regulations

To ensure that all candidates are tested under equally favorable conditions, the following regulations and procedures will be observed at each test center. Failure to follow any of these security procedures may result in the disqualification of your examination and removal from the testing center. Prometric reserves the right to audiotape and videotape any examination session.

### References

No reference materials, papers or study materials are allowed at the test center.

If you are found with these or any other aids, you will not be allowed to continue the exam and your answers will not be scored. Candidates do not need to bring a calculator into the examination room with them – an onscreen calculator is provided for your convenience.

### Personal Items

Prometric is not responsible for items left in the reception area of the test center. While lockers are provided, it is recommended that personal items not be brought into the test center. Note the following:

- Electronic equipment— cell phones, tablets, laptops—are not permitted in the testing room and must be powered off while stored in a locker.
- Other personal items—watches, outerwear such as sweaters and jackets not being worn while testing, briefcases, purses, etc.—are not permitted in the testing room.
- Candidates may bring their own foam ear plugs into the examination room with them if they are sensitive to the noise of other candidates taking exams.

### Breaks

Candidates are permitted one 15-minute unscheduled break. The exam clock does not stop during breaks and any break time is deducted from the allotted exam time. If you leave the testing room while an exam is in progress, you must sign out/in on the roster, and you will lose the exam time of the absence. Every time you enter the test room, you will be asked to turn your pockets inside out to confirm

that you have no prohibited items. You are not allowed to use any electronic devices or phones during breaks.

**Visitors**

No guests, visitors or family members are allowed at the test center.

**Misconduct or Disruptive Behavior**

Candidates who engage in any kind of misconduct or disruptive or offensive behavior maybe dismissed from the examination. Examples are: giving or receiving help, taking part in an act of impersonation, removing test materials or notes from the testing room, using rude or offensive language and behavior that delays or interrupts testing.

**Weapons**

Weapons are not allowed at the test center.

**Copyrighted Questions**

All test questions are the property of the Certification Board of Infection Control and Epidemiology, Inc. (CBIC) and are protected by copyright. Federal law provides severe civil and criminal penalties for the unauthorized reproduction, distribution, or exhibition of copyrighted materials.

Test center administrators are not allowed to answer any questions pertaining to the exam content. If you do not understand a question on the examination, you should answer the question to the best of your ability. Opportunity for feedback will be provided in the post-exam questionnaire.

**Certification Examination Fees**

CIC® Certification	\$375
Recertifying CICs by Exam	\$375
Recertifying CICs by IPUs	\$375
a-IPC™ Certification	\$295

## After the Examinations

### Score Report

For candidates taking the CIC<sup>®</sup> certification examination or the a-IPC<sup>™</sup> certification examination, a “pass” or “fail” notification will appear on the screen immediately after completion by Prometric testing site staff. Prometric will email your score report within an hour of completing the exam. If a candidate does not receive this, please visit <https://scorereports.prometric.com>. Candidates will need their 16-digit exam confirmation number to retrieve their score report from this site.

For candidates taking the recertification examination, an instant notification in the candidate’s web browser, immediately following exam submission and post-exam survey, will indicate a numerical score.

Candidates who pass either examination are given their overall score on the examination. Because candidates who pass the examination have successfully demonstrated minimum competency in the field, there is no need to provide candidates with diagnostic information on the individual sections.

Candidates who fail either examination are given their overall score, as well as diagnostic information on their performance in each exam section, in order to guide their preparation for their next exam attempt. Please see the diagram below for information on the diagnostic levels used to indicate the performance of failed candidates.

Levels of Diagnostic Representation	Performance Level Description
High	Your performance on this content area is <b>above</b> the minimally acceptable level. However, a review of this content area may be helpful to you prior to retaking the examination.
Medium	Your performance on this content area is <b>around</b> the minimally acceptable level. Further study of this content area is recommended prior to retaking the examination.
Low	Your performance on this content area is <b>below</b> the minimally acceptable level. Substantial study of this content area is recommended prior to retaking this examination.

The method used to set the minimum passing score for both exams is the Angoff method, in which content experts have evaluated each examination question and determined how many correct answers are necessary to demonstrate the knowledge and skills required to pass.

Although the CIC<sup>®</sup> examination consists of 150 questions, the candidate’s score is based on 135 questions. Fifteen questions on each exam are “pretest” questions and are used as part of the item evaluation for inclusion in subsequent exams.

The a-IPC<sup>™</sup> exam is 100 questions. The candidate’s score is based on 85 questions. Fifteen questions on each exam are “pretest” questions and are used as part of the item evaluation for inclusion in subsequent exams.

A candidate's ability to pass either examination depends on the knowledge and skill they display, and not on the performance of other candidates. Passing scores may vary slightly for each version of the examination. To ensure fairness to all candidates, a process of statistical equating is used. This involves selecting an appropriate mix of individual questions for each version of the examination that meets the content distribution requirements of the examination specifications. Because each scored question has been pretested, a difficulty level can be assigned. The process then considers the difficulty level of each question selected for each version of the examination, attempting to match the difficulty level of each version as closely as possible. Slight variations in difficulty level between different versions of the exam are addressed by adjusting the passing score up or down, depending on the overall difficulty level statistics for the group of scored questions that appear on a particular version of the examination.

Details of incorrectly answered examination questions, and correct answers to questions, will not be provided to the candidate. This practice is in accordance with best practices in the field of professional accrediting.

## **Candidates Who Pass the Examinations**

Candidates who pass their CIC® examination are allowed to use the designation CIC® after their name for the five-year in which their certification is valid.

Candidates who pass their a-IPC™ examination are allowed to use the designation a-IPC™ after their name for the three-year period in which their certification is valid.

CBIC reserves the right to publicly recognize any candidate who has successfully completed a CBIC certification examination, thereby earning the certification credential. A digital badge will be issued following successful completion of an exam or portfolio review. An electronic version of the a-IPC™ and CIC® certificates will be available with the digital badge and in a candidate's online CBIC profile.

A directory of all certified infection prevention and control professionals is published and updated weekly on the CBIC website ([www.cbic.org](http://www.cbic.org)). This list can be found using the "Find a CIC®" page. Please note that some certificants choose to opt out of the public directory. Information on the current certification status of an individual will be provided in writing upon request.

## **Candidates Who Do Not Pass the Initial Examination**

### ***First Time Applicants or Lapsed Applicants***

Candidates who do not pass the CIC® or a-IPC™ certification examination must submit a new application, including appropriate documentation and fees if applicable, and be determined eligible to retake the exam. An individual must wait a minimum of 90 days before retaking the CIC® certification. The a-IPC™ may only be taken twice within a twelve (12) month period, and no more than once every six months.

## **Scores Cancelled by CBIC or Prometric**

CBIC and Prometric are responsible for the integrity of the scores they report. On occasion, occurrences such as computer malfunction or misconduct by a candidate may cause a score to be suspect. CBIC and Prometric are committed to rectifying such discrepancies as expeditiously as

possible. CBIC may void examination results if, upon investigation, violation of its regulations is discovered.

## **Code of Ethical and Professional Conduct**

### ***Preamble***

The Certification Board of Infection Control and Epidemiology, Inc. (CBIC) is an autonomous multidisciplinary board that provides direction for and administers the certification process for professionals in infection control and applied epidemiology. By completing and passing the certification exam, a certified professional is setting a standard of quality care the public expects, demands and deserves. The codes outlined herein are to guide candidates and certified professionals in the performance of their professional responsibilities and to promote the mission of CBIC: Provide pathways to assess and maintain infection prevention competency.

### ***Professional Care and Competence***

- a) Applicants and certified professionals shall act in a manner that justifies public trust and confidence, enhances the reputation of the profession and safeguards the interests of individuals and clients.
- b) Applicants and certified professionals shall act diligently in accordance with applicable technical and professional standards when providing professional services.
- c) Applicants and certified professionals shall pursue excellence in performing their duties.
- d) Applicants and certified professionals shall meet and comply with all terms, conditions, or limitations of any professional credential they hold.

### ***Professional Integrity and Objectivity***

- a) Certified professionals shall maintain a professional knowledge and skill level required to ensure that employers receive competent professional service based on current developments in practice, legislation, and techniques.
- b) Certified professionals shall pursue excellence in performing their duties.
- c) Certified professionals shall conduct all business transactions at arm's-length and free from offers and solicitation of gifts and favors, or other improper inducements.
- d) Certified professionals shall ensure accuracy of information and soundness of recommendations forwarded to another involved professional, agency or institution.

### ***Fraud-Related Conduct***

- a) An applicant or certified professional shall not present fraudulent documents when applying for certification or recertification.
- b) An applicant or certified professional shall not use a title, designation, credential or license, company name, letterhead, publication, term, title or document which states or implies an ability, relationship or qualification that does not exist.
- c) An applicant or certified professional shall cooperate with a CBIC disciplinary investigation or proceeding.
- d) An applicant or certified professional shall not attempt to prevent or interfere with a complaint being filed or CBIC disciplinary investigation or proceeding to occur. Interference attempts may include but are not limited to:
  - 1. The use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a complaint from being filed, prosecuted or completed;

2. The use of threats or harassment against, or an inducement to, any consumer or witness in an effort to prevent them from providing evidence in an investigation, disciplinary proceeding or any other legal action; and
  3. The willful misrepresentation of facts before the disciplinary authority or its authorized representative.
- e) Judicial Review for applicants and certified professionals will adhere to the codes and bylaws of the Judicial and Ethics process, herein detailed in the Policy & Procedures Manual under Section 2, Category 5 Judicial and Ethics Process.

## Revocation of Certification

Certified professionals or persons wrongfully using the CIC<sup>®</sup> designation are subject to disciplinary action as defined in CBIC's Judicial and Ethics Policy and Procedures for the following types of actions: falsification of an application, violation of examination procedures or misrepresentation of the certification status. A copy of the Judicial and Ethics Policy and Procedures can be found in the [Policy & Procedures Manual](#) or by contacting the CBIC Office.

## Appeals & Testing Concerns

We rely on our testing partner to provide a pleasant testing experience for every candidate. If you are dissatisfied, we would like to hear from you. We also provide an opportunity for general comments at the end of your exam. Our personnel will review your comments, but you may not receive a direct response.

***Appeals must be made within 30 days from when the decision or score took place, no appeals after 30 days will be accepted.***

If you have an examination issue that you would like to have directly addressed, please contact the CBIC office at [info@cbic.org](mailto:info@cbic.org) and CBIC will respond to your concerns. Processes for specific issues are outlined below.

***To appeal an eligibility decision***, please submit an Appeal Request Form to [info@cbic.org](mailto:info@cbic.org) that describes the reason for the eligibility decision appeal.

- Please attach all supporting documentation that provides evidence for your appeal.
- Once the CBIC office has received this information, it is sent to the Exam Advisory Committee who reviews all of the details and supporting evidence. This process may take 7-14 business days to complete.
- Once a decision has been made, the CBIC office will contact you via email with the decision. If the Exam Advisory Committee has decided not to grant the appeal, a detailed explanation will be provided for why that decision was made. In the event that the appeal is granted, application processing will continue and you should expect to receive your scheduling instructions email within 5-7 business days.

Appeal Form:

[Appeal Request Form](#)

***To request a rescore***, please contact the CBIC office within 30 days date of your examination requesting a re-score of your examination. There is a \$200 fee for all rescore requests. The CBIC office will request a rescore from Prometric and will email the candidate with the rescore results.

***Please note: Prometric does not recommend that candidates have their examination re-scored, as the exam goes through two separate automated scoring processes before the score is presented to the candidate at the testing center. The likelihood of the exam being scored incorrectly is very unlikely.***

## *CIC<sup>®</sup> Recertification Overview*

### **CIC<sup>®</sup> Recertification**

All recertification candidates are required to take the internet-based recertification examination or submit a continuing education professional portfolio indicating completion of a minimum of 40 approved Infection Prevention Units (IPUs). Candidates who fail the recertification examination or do not have their portfolio submitted or approved by the deadline will need to apply to recertify via the proctored recertification examination at a testing center, as outlined in the policy below. Recertification must be completed before the certification cycle ends.

### **Recertification by Examination**

The recertification exam is a 150-multiple choice question, internet-based examination designed to assess the knowledge of professionals in infection prevention and control and epidemiology. Recertification questions have been developed by CBIC specifically for the recertification examination. Like the initial certification exam, recertification questions are based on the most current CBIC practice analysis. The content outline is similar to the one used for the initial certification examination however, the scored domains and number of items in each domain area may vary slightly. The questions developed are held to the same standards as are used for the initial certification exam.

Unlike the initial certification exam that is completed at a three-hour appointment, time to complete the recertification examination is unlimited, provided it is submitted by December 31 of the year in which certification expires. Recertification candidates can log into and out of the exam site repeatedly, and are able to research the answers to questions prior to submitting their responses. The purpose of the recertification examination is to demonstrate continued knowledge and mastery in the field of infection prevention and control.

### **Applying for the CIC<sup>®</sup> Recertification Examination**

***Application for the recertification examination must be submitted before November 30 of the same calendar year the candidate is due for recertification.*** Candidates are encouraged to purchase their examination early in their recertification year.

#### To apply online:

Go to [www.cbic.org](http://www.cbic.org) and proceed to the “My Certification” tab and then “My Profile”. Once in your profile, click on “Recertification” on the left hand side.

## ***CIC<sup>®</sup> Recertification Quick Facts***

### ***How often do you need to recertify?***

Your certification expires on December 31<sup>st</sup> of the fifth year of your certification regardless of when you first certified.

### ***How do you recertify?***

Recertification is attained by achieving a passing score on the recertification exam or submitting a continuing education portfolio with a minimum of 40 approved units.

### ***When can you purchase the recertification examination?***

You may purchase the recertification exam beginning in January of your recertification year.

### ***When can you begin logging IPUs into your professional portfolio?***

You may begin logging your IPUs as soon as you are CIC<sup>®</sup> certified.

### ***How long do I have to complete the recertification exam?***

You have the entirety of your recertification year to recertify. Therefore, if you buy the exam in January you have the whole year to take the test. However, if you buy the exam by November 30, you have the remainder of that month to take the exam.

### ***How long do I have to log my IPUs?***

You have until October 31 of your recertification year to complete your portfolio.

### ***What is the deadline to purchase the exam?***

November 30 of your recertification year.

The cost of the recertification examination is \$375. Payment in U.S. dollars must be included with the application. Payment can be made credit card. The fee is non-refundable.

The recertification exam must be submitted by December 31 of the same year. There are no extensions to this deadline for any reason. Candidates should allow themselves ample time to complete the recertification exam, researching information as needed.

## **Taking the CIC® Recertification Examination**

Within seven (7) business days of receipt of an application for the recertification exam, the candidate will receive a confirmation email with specific instructions on how to log in to the examination. Candidates will be able to log in and out as many times as necessary, prior to certification expiration, to complete the examination. Responses provided during previous sessions will be saved; however, it is important to read all instructions prior to exiting each session.

## **Recertification by Continuing Education Portfolio**

Recertification by Infection Prevention Units (IPUs) is achieved every five years by submitting a “professional portfolio” of earned points from projects or activities using the interactive online submission system. IPUs can be achieved through a variety of activities including presentations, publications, academic education, national conferences, multi-day educational offerings, participation in a professional organization, research and teaching. IPUs may be earned throughout the five years before the recertification deadline. A minimum of 40 units must be achieved and reported. Unit documentation will be accepted electronically via the online portfolio only.

## **Infection Prevention Unit Portfolio**

### Documents and Forms

- [Infection Prevention Unit Manual](#)
- [Tracking Form](#)

Each project and activity has defined values. Pre-approval of non-defined activities will be addressed on a case-by-case basis by CBIC Directors. All submitted educational activities must fall into one of the categories listed in the chart below and be relevant to at least one of the eight domains of the CIC® exam.

1. Identification of Infectious Disease Processes
2. Surveillance and Epidemiologic Investigation
3. Preventing/Controlling the Transmission of Infectious Agents
4. Employee/Occupational Health
5. Management and Communication
6. Education and Research
7. Environment of Care
8. Cleaning, Sterilization, Disinfection, Asepsis

The total activities you submit for IPUs must align with at least six of those domains.

All portfolios are reviewed upon submission to ensure it meets the recertification requirements. The entire portfolio review process can take up to 30 days from date of submission received. If you have not received notification within 30 days, please contact CBIC.

The cost of recertification by continuing education is \$375. Payment in U.S. dollars must be included with the official submission. Payment must be made by credit card only. The fee is non-refundable.

The recertification portfolio must be submitted by October 31 of the recertification year. There are no extensions to this deadline for any reason. If the portfolio is not submitted by October 31, the only method to obtain recertification is to purchase the CIC® recertification exam. This must be purchased by November 30 of the recertification year and completed by December 31.

**If the candidate has not passed an examination by their certification end date, they are considered lapsed and are no longer eligible to use the CIC® designation. They must submit a full application and payment for the initial certification examination, including proof that they meet the current eligibility requirements.**

Category	Description of Activity	Number of Infection Prevention Units (IPUs)	Maximum Number of IPUs	Examples of Participating Providers	Required Documentation
Online, paper, or live format education	Complete offerings from an accredited or approved source that provide continuing education credits specific to the domains that are at minimum one hour in length	1 IPU per activity hour (no partial credit)	No max	APIC, CDC, SHEA, IDSA, IPAC Canada, Public Health Ontario	Certificate of completion/attendance
	Read scientific publications from an accredited or approved source that provides continuing education credits upon completion of an assessment	1 IPU per activity hour	5 IPUs max	APIC, AORN	

<b>Local, National or International conferences and workshops</b>	Attendance at local, national or international infection prevention and control conferences or workshops	5 IPU per single-day conference of workshop  OR  10 IPU per multi-day conference or workshop	No max	Local APIC chapters, Local IPAC Canada Chapters, APIC, IPAC Canada, IDSA, IFIC	<b>Certificate of attendance</b>
	Other related conferences with infection prevention sessions that are not specifically infection prevention and control centric	1 IPU per session hour	No max	AORN, AAMI, ANCC, ASM, SGNA	<b>Certificate of attendance</b>
<b>Academic education</b>	Completion of an accredited program that offers specific education that would advance the profession of infection prevention and control	10 IPU per program completion	10 IPU max	Certification in statistics, MPH, MSN, project management	<b>Copy of official or unofficial transcripts with institution name visible</b>  <b>OR</b> <b>Copy of diploma, with institution name visible</b>
<b>Publications</b>	Published in a peer reviewed journal covering topics specific to infection prevention and control.  <i>Letters to the editor not eligible.</i>	5 IPU per publication	No max	AJIC, CJIC, ICHE, ASM	<b>Copy of article, guidelines, prevention guide, or other publication, ensuring your participation as author or co-author, title of written work, date of publication, and a subject synopsis is visible</b>
	Authoring/co-Authoring evidence-	5 IPU per publication	No max	CDC, IHI, professional	

	based guidelines, prevention guides, or similar publication related to the field of infection prevention and control.			organization, APIC prevention guide	
<b>Presentation</b>	<p>Speaking at chapter, state, national, and international conferences.</p> <p>Delivering a webinar with a primary focus on infection prevention and control.</p>	2 IPU per one hour of presentation time (no partial credit)	No max	APIC chapter, IPAC chapter, State HAI conference, IPAC Canada, APIC, SHEA	<p><b>Letter or verification from conference organizer on official organization letterhead</b></p> <p><b>Contains your name, the name of the webinar or presentation, the date of the webinar or presentation, and a synopsis of webinar or presentation focus</b></p> <p><b>OR</b></p> <p><b>Copy of brochure/flyer/conference schedule indicating name of presenter, date/time presented and presentation</b></p>
	Presenting a poster at a national or international conference on a topic related to infection prevention and control	1 IPU per poster presentation	No max	APIC, IPAC Canada, SHEA, IFIC, and IDSA	
	Primary author of an abstract presentation at a national conference	1 IPU per abstract	No max	APIC, IPAC Canada, SHEA, and IDSA	

<b>Participation in a professional organization</b>	Participate on a local, state, national, or international level as a committee member or in a position of voluntary leadership	3 IPU's per year	No max	County, state, national, or international health Committees, APIC/SHEA /IPAC/IFIC committee or board member	<b>Appointment letter on letterhead of organization or Board (separate letter for each role held) Contains your name, your role held, the dates of term, and the signature from committee chair or organization leader/chapter President</b>
	Elected position on a Board	3 IPU's per year	No max	APIC, SHEA, IDSA, IPAC Canada	
<b>Teaching</b>	Teaching specific topics related to infection prevention and control for an accredited institution	1 IPU per hour of instruction	Max of 5 IPU's per recertification period	Nursing school, public health program	<b>Copy of course or class syllabus outlining infection prevention teaching</b>  <b>AND</b>  <b>Verification letter (separate letter for each course or class)</b> Contains your name, the dates of course, the number of hours of instruction, the name of accredited institution, and the Signature from institution contact (e.g. chancellor, professor, academic dean, President, etc.)
<b>Research</b>	Involved in an approved local facility IRB, State, or federally funded research activity that is specific to advancing the profession of infection prevention and control (e.g. listed as a principal member of the investigational team)	5 IPU's per research activity	No max		<b>A report ensuring your participation in the research and a subject synopsis is visible</b>  <b>OR</b>  <b>Verification letter</b> Contains your name, the dates of participation, your role in the research (e.g., writer, investigator, etc.), and the source of funding

## **CIC® Recertification Schedule**

Portfolio Submission	11:59 pm Greenwich Mean Time (6:59 pm EST) on October 31
Recertification Exam Purchased	11:59 pm Greenwich Mean Time (6:59 pm EST) on November 30
Recertification Exam Completion	11:59 pm Greenwich Mean Time (6:59 pm EST) on December 31