

AL-CIP™

Candidate

Handbook

Table of Contents

Important Tips Before Applying	4
Introduction	5
About The Certification Board of Infection Control & Epidemiology, Inc. (CBIC®).....	5
About the Advanced Leadership Certification in Infection Prevention & Control (AL-CIP™).....	5
Policies	6
Statement of Non-Discrimination	6
Revocation of Certification	6
Appeals	6
Applying for and Maintaining Certification	7
Eligibility Requirements	7
Fees	7
Assembling Your Portfolio.....	8
Evidence.....	8
Additional Evidence Details.....	9
Examples of Evidence	10
Rationale	11
Additional Rationale Details	11
AI Statement.....	12
Domains	13
Domain 1: Leadership.....	13
Domain 2: Professionalism	16
Scoring Rubric	18
Rationale Rating Scale	18
Evidence Rating Scale.....	18
Helpful Hints	19
Finalizing Your Portfolio	19
Notification of Results	19

Candidates Who Pass the AL-CIP™ 19
Candidates Who Do Not Pass the AL-CIP™ 19
Maintaining Your CIC® or LTC-CIP® Certification 21
Recertification 21
Recertification Requirements (Effective for Upcoming Recertification Cycles) 21

Important Tips Before Applying

- Read the AL-CIP™ Candidate Handbook carefully before applying. **You will attest to the terms in the AL-CIP™ Candidate Handbook before you submit your application.**
- **All payments for the AL-CIP™ are non-refundable.** Once you register, refunds cannot be provided for any reason. There is no transfer of fees to future application cycles.
- You will apply for the AL-CIP™ using a platform called OpenWater. Watch the video on the [CBIC® website](#) on how to submit your application.
- **Do NOT create a new CBIC® account when applying for the AL-CIP™.** Your existing CBIC® account that is associated with your CIC® and/or LTC-CIP® certification is required to apply. Use your existing CBIC® account to log in to the OpenWater platform. If you cannot remember your CBIC® password and cannot reset it yourself, please email info@cbic.org for assistance.
- **Do NOT attempt to submit multiple applications.** This is considered a rules violation, and judges will not review multiple applications.
- Save your written rationales in a Word document or other secure platform before entering your work into OpenWater. It is always a good idea to back up your work in case of a system outage or internet issues.
- Save your files/evidence on a secure platform on your personal device in case of a system outage or internet issues.

CBIC® will NOT review the following:

- Rationales or evidence not in **English**.
- Evidence or narratives submitted in your portfolio that violate Health Insurance Portability and Accountability Act (HIPAA) regulations or contain any patient or confidential information. Information on HIPAA and what constitutes protected health information (PHI) is available [online](#).
- Submissions that include PHI or sensitive data will not be accepted and may result in disqualification from the portfolio assessment process.
- Incomplete portfolios (i.e., profiles without the required minimum pieces of unique evidence).
- Evidence files with multiple components (e.g., PowerPoint presentations, certificates, letters).

Introduction

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

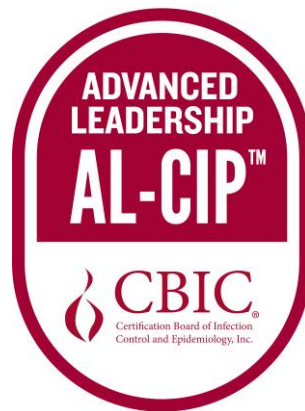
The Certification Board of Infection Control & Epidemiology, Inc. (CBIC®) is a voluntary, autonomous, multidisciplinary board that provides direction for and administers the certification process for professionals in infection control and applied epidemiology. CBIC® is a subsidiary of the Association for Professionals in Infection Control and Epidemiology (APIC), and CBIC® is independent and separate from any other infection control-related organization or association.

Our Mission: Provide pathways to demonstrate and maintain competence in infection prevention and control.

Our Vision: A world free of infections through demonstrated professional competency.

About the Advanced Leadership Certification in Infection Prevention & Control (AL-CIP™)

The Advanced Leadership Certification in Infection Prevention & Control (AL-CIP™) is an assessment of knowledge, skills and abilities expected of individuals who demonstrate professional expertise, leadership and impact in the field of infection prevention and control.



Policies

Statement of Non-Discrimination

CBIC® certification examinations are offered to all eligible candidates, regardless of age, gender, race, religion, national origin, marital status, gender identity, sexual orientation, or disability.

Revocation of Certification

Certified professionals or persons wrongfully using the AL-CIP™ 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 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](#).

Appeals

All decisions regarding the portfolio-based assessment are final. In accordance with our policies, appeals or requests for reconsideration of the portfolio outcome cannot be accepted.

Applicants who submit an incomplete portfolio or violate any policy outlined in the AL-CIP™ Candidate Handbook will receive a notification regarding their portfolio status at the same time that all other candidate results are released.

Applying for and Maintaining Certification

Read the AL-CIP™ Candidate Handbook before applying. You will attest to the terms in the AL-CIP™ Candidate Handbook before you submit your application.

The application period is listed on the [CBIC® website](#). **Applications will not be accepted after the deadline, and no extensions are provided.**

Eligibility Requirements

1. **Demonstrated positive impact on the profession:** Active engagement and advanced infection prevention and control practice, leadership, education, research, policy and/or advocacy for a recommended minimum of 7–10 years.
2. Active CIC® or LTC-CIP® certification.

CBIC® reserves the right to change or update the eligibility requirements for submitting a portfolio assessment. Candidates are encouraged to regularly review the guidelines and criteria to ensure compliance with the most current standards and requirements.

Fees

The fee for the AL-CIP™ is listed on the [CBIC® website](#) and based on your country of residence. Payment can be made by credit/debit card only.

Note: All payments for the AL-CIP™ are **non-refundable**. Once you register, refunds cannot be provided for any reason. **There is no transfer of fees to future application cycles.**

Assembling Your Portfolio

Candidates **do NOT** have to redact *their workplace* or *name* from within the portfolio documents. AL-CIP™ portfolio judges will remove themselves from judging if a conflict of interest is present. The portfolio judges will not see your demographic/professional information that is submitted with your portfolio. Portfolio judges only have access to the submitted information for Domain 1 and Domain 2.

CBIC® will not use the evidence submitted, or any rationales written for any purpose other than scoring. Additionally, we will not reproduce, distribute, or share any part of the submitted materials or rationales in any form, beyond what is necessary for the scoring process.

Candidates must select and address 50% of Sub-Competencies within each Competency area through both rationale and evidence, i.e., a Competency with four Sub-Competencies listed requires the candidate to address two Sub-Competencies. A Competency with two Sub-Competencies listed requires the candidate to address one Sub-Competency. Please refer to the Domain tables below for detailed information on each Competency and Sub-Competency.

Evidence

Eight (8) pieces of evidence must be uploaded as part of your portfolio submission. Candidates must submit no less than **six (6) unique** pieces of evidence and no more than **eight (8)** pieces.

A single piece of evidence could be used as an example up to 3 times.

Example:

- 1.1 – Evidence #1
- 1.2 – Evidence #2
- 2.1 – Evidence #3
- 2.2 – Evidence #4
- 3.1 – Evidence #5
- 4.1 – Evidence #6
- 5.1 – Evidence #1
- 6.1 – Evidence #1

Your portfolio will be rejected if you do not have at least six (6) unique pieces of evidence in your portfolio.

Additional Evidence Details

- **Evidence submitted should clearly and comprehensively illustrate your advanced infection prevention and control (IPC) practice and leadership work** within the selected Competency and Sub-Competency and align with your rationale. Submitted evidence must be in English.
- **Ensure that each piece of evidence submitted as part of your portfolio is in one of the following formats:**
 - Word (.doc or .docx)
 - PDF (.pdf)
 - Excel (.xls or .xlsx)
 - PowerPoint (.ppt or .pptx).
- **Submissions in any other format than those listed above will not be accepted.** Please note that zip files or files saved as “.pages.” are not supported. Media files such as podcasts or videos will not be accepted or scored. Please consider including a transcript of a podcast or video instead as evidence.
- **Please avoid using excessively long file names when submitting your documents.** There have been issues reported with the OpenWater application platform when using excessively long file names. There is no naming requirement required for your files, but it is recommended to keep file names concise and relevant.

Example:

Instead of:

APICAnnualConference__Smith_2021_PresentationAdvancingtheProfessionFile.PDF

Use: Smith_APIC2021.PDF

- **The judges are only able to review one piece of evidence per Sub-Competency, and they will only review the *first* piece of evidence within the file.** Therefore, submit only one file for each Sub-Competency. Do not combine multiple files (e.g., journal article combined with a PowerPoint presentation) for a single Sub-Competency. The upload feature only permits a single file to be uploaded.
- **Avoid uploading excessively large or irrelevant files.** For example, if submitting a journal article, upload only your article, not the entire journal. Judges are **not expected to search through lengthy documents** to locate your work.
- **All supporting evidence provided must be within the last ten (10) years.**
- **If a judge is unable to download or open a file that has been uploaded, the Sub-Competency evidence will receive a score of zero.** Please ensure that all files open correctly and can be downloaded prior to submitting.
- **Rationales and supporting pieces of evidence should highlight work that goes beyond the scope of a novice or mid-career IPC professional.** Your responses should showcase leadership-level contributions in IPC—initiatives or

projects that demonstrate strategic thinking, innovation, and measurable impact on your organization, community, or the broader field of IPC.

- **Rationales and supporting evidence should be clearly linked**, with each piece of evidence directly supporting the claims made in the rationale. Ensure that the connection between your leadership actions and their measurable impact is explicit and easy to follow.
- If you do not have a previously completed, tangible item or document to submit as evidence to support your work within a Sub-Competency, we encourage you to select an example that more accurately reflects your experience and achievements. **Applicants are discouraged from creating documentation solely for the purpose of the submission process.**

Examples of Evidence

- Publications (e.g., peer and non-peer-reviewed journal articles, guidelines, compendium). For this type of evidence, include a description of your role in the publication and/or your role in the activities described in the publication in your rationale. When submitting a publication as evidence, you must include a detailed rationale that clearly outlines your specific contributions. This includes both your role in the publication process (e.g., lead author, co-author, data contributor, reviewer) and your role in the activities described within the publication (e.g., conceived the project, led the research, contributed clinical expertise, compiled references).
 - If you are listed as an author, your rationale should reflect involvement consistent with recognized authorship standards. Both Harvard Medical School and the International Committee of Medical Journal Editors define authorship as contributing to all four of the following: conception or design of the work; drafting or critically reviewing the manuscript; final approval of the version to be published; and accountability for the accuracy and integrity of the work. Your rationale should clearly describe your contributions and leadership role in the work, demonstrating alignment with recognized authorship standards.
- Presentations (e.g., chapter, regional, national, or international conferences; in-person, virtual, classroom, workshop; poster presentation). For this type of evidence, describe your role in the presentation (development, implementation, delivery, etc.) in your rationale.
- Work product (e.g., toolkits, guidance documents, strategic plans, website, practice changes). For this type of evidence, clearly describe your contribution to the work product (e.g., independent, as part of a team, activities, outcomes as a result of the product) in your rationale.
- Program development materials (e.g., academic syllabus, website, course materials, program evaluation). For this type of evidence, describe your role in the program (e.g., original proposer, development, teacher, co-teacher, etc.) in your rationale.

- Credential/certifications relevant to leadership in IPC (e.g., Six Sigma black belt, CPHQ, CPH, CEU/CPD). For this type of evidence, you must clearly describe the advanced IPC practice and leadership work completed as well as the programs and/or outcomes that resulted from you having achieved this credential or certification, in your rationale.

Rationale

You will be required to write **eight (8) unique and concise rationales** (maximum 1,000 words per rationale) explaining how your evidence demonstrates your advanced IPC practice and leadership work and the impact it has had in the field. The system will calculate your word count and will not permit you to submit if you have gone over 1,000 words. While you are allowed to use up to 1,000 words for your submission, you are not required to use the full word count. Submissions that are well-organized and complete, regardless of length, are encouraged. **All rationales must be written in English.** The rationale should directly reference and describe the evidence submitted in support of the selected sub-competency.

Do NOT include links to external websites, files, or modules within your rationale, as judges will not access or consider these materials during the evaluation process.

Additional Rationale Details

- Each of your eight (8) rationales should be a clear and concise explanation of your work within the selected Sub-Competency in the context of the Competency and Domain. **Do NOT copy and paste the same or similar content across multiple Sub-Competencies.**
- **The rationale must explain the significance of your evidence, how it supports your claims or objectives, why it is relevant to the assessment criteria, and the impact of your contribution to the evidence.** By providing a well-articulated rationale, you demonstrate your ability to critically analyze and reflect on your work, ensuring that the evidence presented is meaningful and directly aligned with the goals of the AL-CIP™ Domains, Competencies and Sub-Competencies.
- While we understand that some of your accomplishments may have been achieved as part of a team or group effort, **it is essential to clearly articulate your specific role, contributions, and how your work influenced the outcomes.**
- Your written rationale should **clearly explain** how the submitted evidence demonstrates your advanced practices and leadership work within the selected Sub-Competency while highlighting your specific role, contributions, and impact related to the example provided.

AI Statement

Artificial intelligence (AI) tools may be used to assist in organizing thoughts or checking grammar, but the final rationale must be written in your own words and reflect your personal experience and judgment. **Copying and pasting prompts, questions, or instructions—including AI-generated prompts—into your response is not acceptable.** Any rationale that includes copied text or copied prompts will receive a score of zero. Applicants are expected to provide original, authentic responses that demonstrate your own expertise.

Domains

Domain 1: Leadership

Competencies	Sub-Competencies
<p>Practice and Innovation: Advances the practice of infection prevention and control.</p>	<p><i>Choose two out of the four Sub-Competencies to address in your portfolio with a piece of evidence and a written rationale.</i></p> <p>1. Strategic Vision</p> <p><i>The following bullet points are indicators of potential ways of demonstrating strategic vision:</i></p> <ul style="list-style-type: none"> • Connect broad social, economic, and political changes to the strategic direction of organizations. • Scan internal and external environments to identify key IPC trends and opportunities. • Identify sources and applications of safety and quality standards to guide IPC practice. • Build and sustain a positive organizational culture to advance IPC practice. <p>2. Interpersonal Communication</p> <p><i>The following bullet points are indicators of potential ways of demonstrating interpersonal communication:</i></p> <ul style="list-style-type: none"> • Translate strategic vision into a compelling and motivating message. • Provide the information people need to know to do their jobs, and to feel good about being a member of the team, department, organization, and profession. • Use multiple modes of communication, delivering a message with confidence, and refining communication tactics for targeted audiences. • Cultivate an environment that fosters open communication. <p>3. Relationship Management</p> <p><i>The following bullet points are indicators of potential ways of demonstrating relationship management:</i></p> <ul style="list-style-type: none"> • Demonstrate leadership skills that include principles of social justice, diversity, equity, and inclusion. • Provide a safe, empathetic, and non-judgmental environment, regardless of practice setting.

Competencies	Sub-Competencies
	<p>4. Innovation and Creativity</p> <p><i>The following bullet points are indicators of potential ways of demonstrating innovation and creativity:</i></p> <ul style="list-style-type: none"> • Use boldness, curiosity, and openness to influence an outcome/work product. • Leverage information technology to foster a creative environment. • Evaluate risk/benefit and impact/effort of innovation or strategy.
<p>Change Management and Quality Improvement: Utilizes advanced change management and quality improvement principles and methods to transform infection prevention and control practice.</p>	<p><i>Choose two out of the four Sub-Competencies to address in your portfolio with a piece of evidence and a written rationale.</i></p> <p>1. Risk Assessment and Reduction</p> <p><i>The following bullet points are indicators of potential ways of demonstrating risk assessment and reduction:</i></p> <ul style="list-style-type: none"> • Anticipate and assess risks. • Use risk reduction processes to lead and guide mitigation strategies. • Apply business principles to IPC practice improvement. • Disseminate analyzed data to inform/educate stakeholders and drive further change. <p>2. Change Management</p> <p><i>The following bullet points are indicators of potential ways of demonstrating change management:</i></p> <ul style="list-style-type: none"> • Create structures to effectively lead sustainable change to transform IPC practice. • Apply change management principles and framework. • Incorporate methods to promote the integration of the concepts of implementation science. <p>3. Teams and Team Building</p> <p><i>The following bullet points are indicators of potential ways of demonstrating teams and team building:</i></p> <ul style="list-style-type: none"> • Demonstrate positive outcomes reflecting team performance and professional development. <p>4. Quality Improvement</p> <p><i>The following bullet points are indicators of potential ways of demonstrating quality improvement:</i></p>

Competencies	Sub-Competencies
	<ul style="list-style-type: none"> • Utilize QI principles, methods, and tools to drive improvement. • Advance quality improvement culture across the profession through dissemination of outcomes. • Apply evidence from implementation science. • Contribute to the improvement of access and care quality for underrepresented and medically under-served populations. • Coordinate IPC resources to provide safe, quality, and equitable care to diverse populations.
<p>Advocacy: Advocates for policies and/or solutions to improve infection prevention and control.</p>	<p><i>Choose one of the two Sub-Competencies to address in your portfolio with a piece of evidence and a written rationale.</i></p> <p>1. Coalition Building</p> <p><i>The following bullet points are indicators of potential ways of demonstrating coalition building:</i></p> <ul style="list-style-type: none"> • Build coalitions to work together towards common IPC goals. • Provide evidence of addressing persistent, pervasive IPC systemic issues. • Build and develop networks to influence and gain IPC services or other benefits. • Promote IPC policies, programs, regulations, and legislation at the local, regional, national, and global levels to improve IPC practice and services. <p>2. Influence</p> <p><i>The following bullet points are indicators of potential ways of demonstrating influence:</i></p> <ul style="list-style-type: none"> • Inform the political arena about the role of IPC and the vital components necessary for those working in IPC to provide optimal care delivery. • Engage in strategies at the local, regional, national, or international level to influence policy change. • Analyze efforts to change practice and regulatory policies that improve IPC practice and health outcomes. • Model advocacy behavior.

Domain 2: Professionalism

Competencies	Sub-Competencies
<p>Accountability: Assumes personal accountability and support others to advance infection prevention and control.</p>	<p><i>Choose one of the two Sub-Competencies to address in your portfolio with a piece of evidence and a written rationale.</i></p> <p>1. Individual Accountability <i>The following bullet points are indicators of potential ways of demonstrating individual accountability:</i></p> <ul style="list-style-type: none"> • Take personal responsibility for decisions, actions, and failures. • Incorporate leadership best practices. <p>2. Advancing the Profession <i>The following bullet points are indicators of potential ways of demonstrating advancing the profession:</i></p> <ul style="list-style-type: none"> • Define and enhance accountability for the performance of IPC evidence-based practices. • Influence and/or empower others to identify opportunities for improvement and implement changes.
<p>Inclusivity: Creates an inclusive environment where people feel valued, involved and respected for their viewpoints, ideas, perspectives, and experiences.</p>	<p><i>Choose one of the two Sub-Competencies to address in your portfolio with a piece of evidence and a written rationale.</i></p> <p>1. Engagement <i>The following bullet points are indicators of potential ways of demonstrating engagement:</i></p> <ul style="list-style-type: none"> • Engage diverse ideas, values, cultures and disciplines to address issues that impact IPC. • Evaluate IPC practices and policies to eliminate disparities and inequities within segments of the population. <p>2. Implementation <i>The following bullet points are indicators of potential ways of demonstrating implementation:</i></p> <ul style="list-style-type: none"> • Incorporate best practices in diversity, equity, inclusion, and accessibility. • Advocate for the health and safety of a population while respecting the rights of individuals within that population.
<p>Professional Development: Gains advanced</p>	<p><i>Choose one of the two Sub-Competencies to address in your portfolio with a piece of evidence and a written rationale.</i></p>

Competencies	Sub-Competencies
<p>leadership knowledge and skills and demonstrates a commitment to advancing the IPC profession.</p>	<p>1. Individual Development <i>The following bullet points are indicators of potential ways of demonstrating individual development:</i></p> <ul style="list-style-type: none"> • Complete self-assessment to enhance personal health, resilience and well-being, lifelong learning, and the acquisition of IPC expertise and leadership. • Design and implement a professional development plan. • Seek continuous feedback to improve practice and leadership skills. <p>2. Professional/Leadership Development <i>The following bullet points are indicators of potential ways of demonstrating professional/leadership development:</i></p> <ul style="list-style-type: none"> • Volunteer expertise to advance IPC. • Facilitate the professional development of others. • Lead IPC research and/or quality improvement activities and disseminate findings. • Create a culture of continuous improvement and shared learning.

Scoring Rubric

Rationale Rating Scale

Absent (0)	Limited (1)	Solid (2)	Significant (3)
Rationale is missing, lacks any logical flow, or is unrelated to the selected Sub-Competency, or lacks any persuasive elements to connect the candidate's work to the Sub-Competency.	Rationale illustrates some connection to the selected Sub-Competency, but that connection is not effectively presented, is unclear or vague, or does not fully address the Sub-Competency.	Rationale is clear, understandable, and adequately describes a connection between the candidate's work and the Sub-Competency.	Rationale is well-organized and clearly communicated. Nothing additional is needed to illustrate connection between candidate's work and the Sub-Competency.

Evidence Rating Scale

Absent (0)	Limited (1)	Solid (2)	Significant (3)
Evidence is either missing, or unrelated/irrelevant to the Sub-Competency.	Evidence is somewhat connected to the Sub-Competency, but that connection is tenuous or indirect, or there are gaps/discrepancies between the evidence and the rationale.	Evidence is adequately aligned to the Sub-Competency, and there are few, if any, discrepancies between the evidence and the rationale.	Evidence is comprehensive and very clearly illustrates that the candidate's work is aligned with the Sub-Competency. Nothing else is needed to illustrate a connection, and no discrepancies exist between the evidence and rationale.

Helpful Hints

- **Don't wait until the last minute.** We strongly encourage you to begin your application early and allow plenty of time to complete, review your rationales, and upload all required documents. Last-minute submissions increase the risk of technical issues or incomplete entries.
- **Avoid using a work computer connected to a hospital or healthcare network to access the application platform.** Hospital firewalls and security settings may block access or prevent you from uploading files. If possible, use a personal device and a non-restricted internet connection to ensure a seamless experience.

Finalizing Your Portfolio

When submitting your portfolio, **you will affirm that you have read and understood the policies and procedures as outlined in this AL-CIP™ Candidate Handbook.** You will agree to adhere to all the guidelines and requirements specified therein and acknowledge that failure to comply with these policies may result in disqualification or other consequences as described in the Handbook.

All evidence and documentation provided must be original and have not been plagiarized or falsely represented in any way. By submitting your portfolio, you affirm your commitment to academic and professional integrity.

Notification of Results

Candidates Who Pass the AL-CIP™

A digital badge will be issued through Credly upon successful completion of the portfolio assessment, allowing you to easily showcase your achievement online. You will be contacted by our vendor, The Award Group, for the opportunity to order a digital or paper copy of your certificate.

Candidates Who Do Not Pass the AL-CIP™

Unsuccessful candidates will receive a list of the Sub-Competencies that were unmet as part of the portfolio in their results letter. Candidates opting to retake the AL-CIP™ will receive a **50% reduction** in the fee when reapplying and will only be required to resubmit evidence and rationale for the specific Sub-Competencies they did not pass in their original submission. Candidates must submit their retake portfolio

within the next two AL-CIP™ application periods. All evidence provided must be within the last ten years. **After this window, a full portfolio resubmission AND full fee will be required, and the candidate will be evaluated as a new applicant.**

Example:

If your results letter indicates unmet Sub-Competencies in Interpersonal Communication and Risk Assessment & Reduction:

- Reapply within the next two application cycles.
- Pay 50% of the original fee.
- Resubmit only the evidence and rationale for those two sub-competencies (Interpersonal Communication and Risk Assessment & Reduction).
- Ensure all evidence is from the past 10 years.

Do not submit evidence for Sub-Competencies that were not listed as unmet. If a candidate does so, the portfolio will not be scored. The candidate will be required to reapply in a future administration, pay the full application fee, and submit a complete portfolio. Candidates will be notified via an incomplete portfolio letter on the same day that all official results are released.

Retake candidates that are unsuccessful can reapply at any future application window with a full portfolio submission and full fee and will be evaluated as a new applicant.

Maintaining Your CIC® or LTC-CIP® Certification

Earning the AL-CIP™ will automatically extend the expiration date of your active CIC® and/or LTC-CIP® certification(s) to align with the AL-CIP™ certification cycle. If a CIC®/LTC-CIP® certificant chooses **NOT** to recertify the AL-CIP™, their CIC® or LTC-CIP® will expire at the end of the next calendar year, and they can recertify via exam or infection prevention units.

Example:

John Doe, CIC

- Earns AL-CIP™ February 2025.
- His AL-CIP™ dates are February 10, 2025–December 31, 2030.
- His CIC was extended to December 31, 2030.
- In March 2030 he completes a form on the CBIC® website stating that he will NOT be maintaining his AL-CIP™ certification.
- His CIC® date will be adjusted to December 31, 2031, and he can recertify via IPU or examination.

Recertification

Recertification is required to maintain the AL-CIP™ designation. All currently certified (AL-CIP™) professionals are eligible to recertify during the year their certification is set to expire. **All requirements must be met to recertify.**

Recertification Requirements (Effective for Upcoming Recertification Cycles)

1. Infection Prevention Units (IPUs)

- **20 IPU**s required per five-year certification cycle to maintain your CIC® and/or LTC-CIP®
- IPU s may be earned from any [content domain](#), recognizing that your role and setting may evolve over time.
- IPU s will be submitted via an attestation form. If flagged for audit, you will be asked to provide documentation/certificates of completion.

****AND****

2. Project Submission

- Submit descriptions (maximum 500 words each) for **two projects**:
 - One aligned with the **Leadership** domain
 - One aligned with the **Professionalism** domain
- Each description should include:
 - Project focus
 - Your role
 - Impact or outcomes
- Projects will **not** be scored or judged but may be subject to audit. The audit will confirm you led the outlined project and can show evidence of it.

The deadline will be December 1 of the year when the certification expires to align with existing CBIC® policies. **The fee will mirror that of the initial AL-CIP™ application fee.**