

Overview of the Advanced Leadership Certification in Infection Prevention and Control(AL-CIP™)

PRESENTED BY:

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- CBIC President-Elect
- Chief of Infectious Disease at Baylor St. Luke's
- First CIC® Certified: 2019
- LTC-CIP® Certified: 2022
- AL-CIP™ Certified: 2024

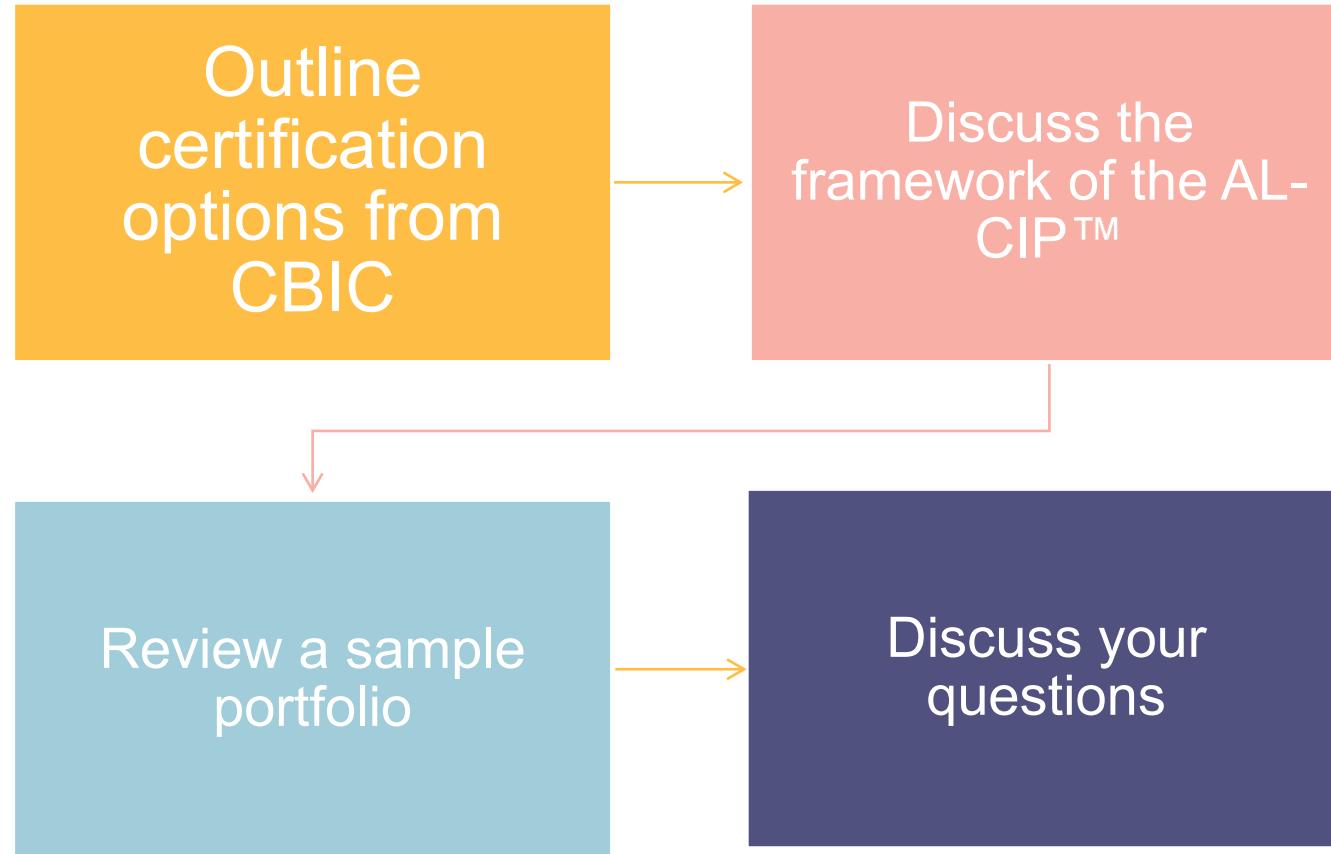


Erin Wilder, MPH, RN, AL-CIP, CIC, CPHQ, LSSBB

- Director of Infection Prevention at Kootenai Health
- 2017-18 President, Chapter 069 Northeastern New York
- 2025 Annual Conference Chair, Chapter 102 Inland Northwest
- Member of CBIC Test Committee
- First CIC® Certified: 2008
- AL-CIP™ Certified: 2024



Objectives



CBIC Certifications

Novice

a-IPC™

A measure of basic infection prevention knowledge

Early/Mid-Career

CIC®/LTC-CIP®

Standardized measure of the basic knowledge, skills and abilities expected of professionals working in the field of infection prevention and control

Expert

AL-CIP™

Demonstration of professional expertise in infection prevention and control through portfolio submission. CIC®/LTC-CIP® is a pre-requisite.

AL-CIP Overview

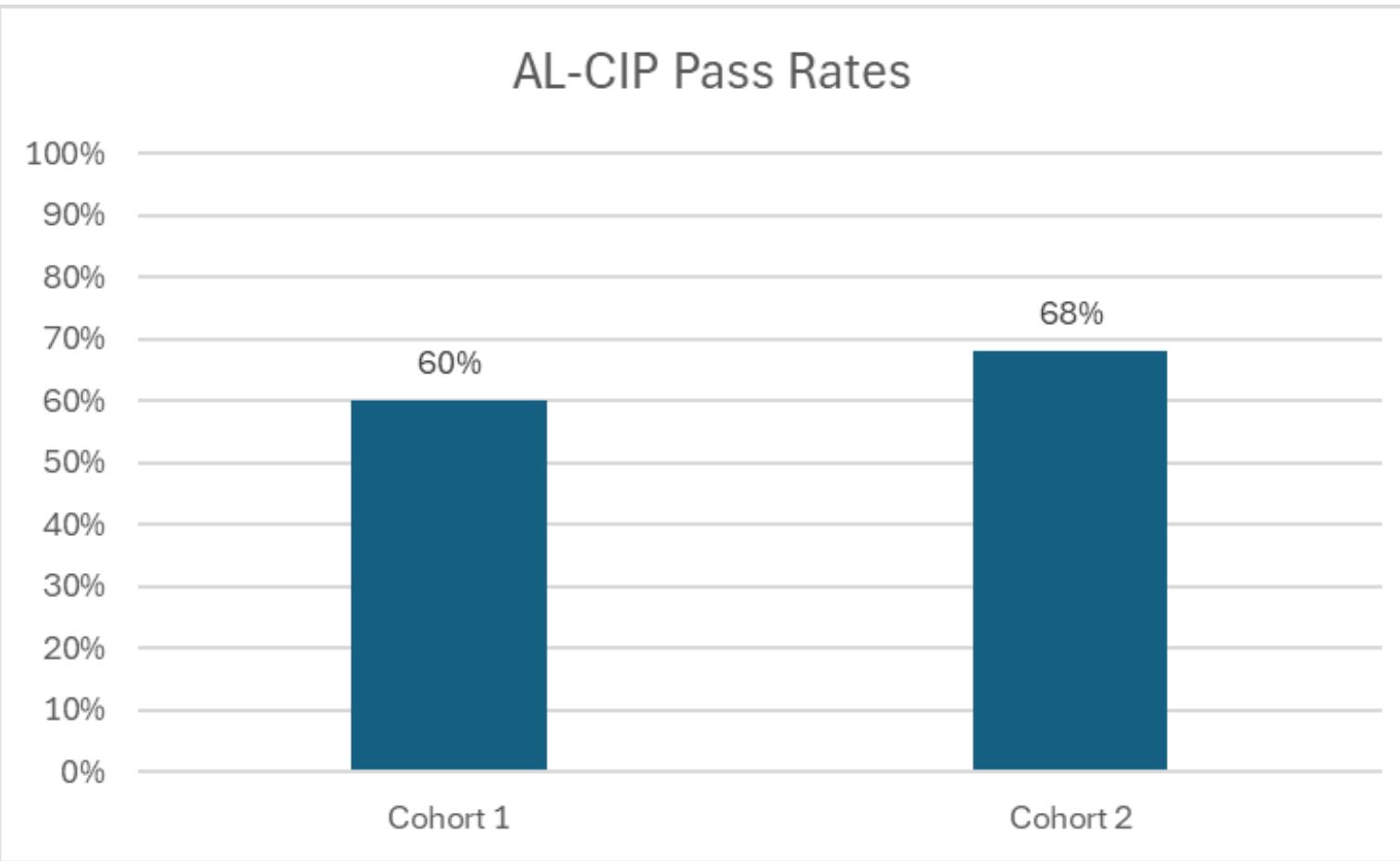
- The Advanced Leadership Certification in Infection Prevention & Control (AL-CIP) is an assessment of knowledge, skills and abilities expected of individuals who demonstrate professional expertise, leadership and impact in the field of infection prevention and control.
- Portfolio-based assessment with **eight** unique written rationales and **eight** pieces of evidence.
- Demonstrates leadership within infection prevention and control that has a measurable impact.



AL-CIP Eligibility Requirements

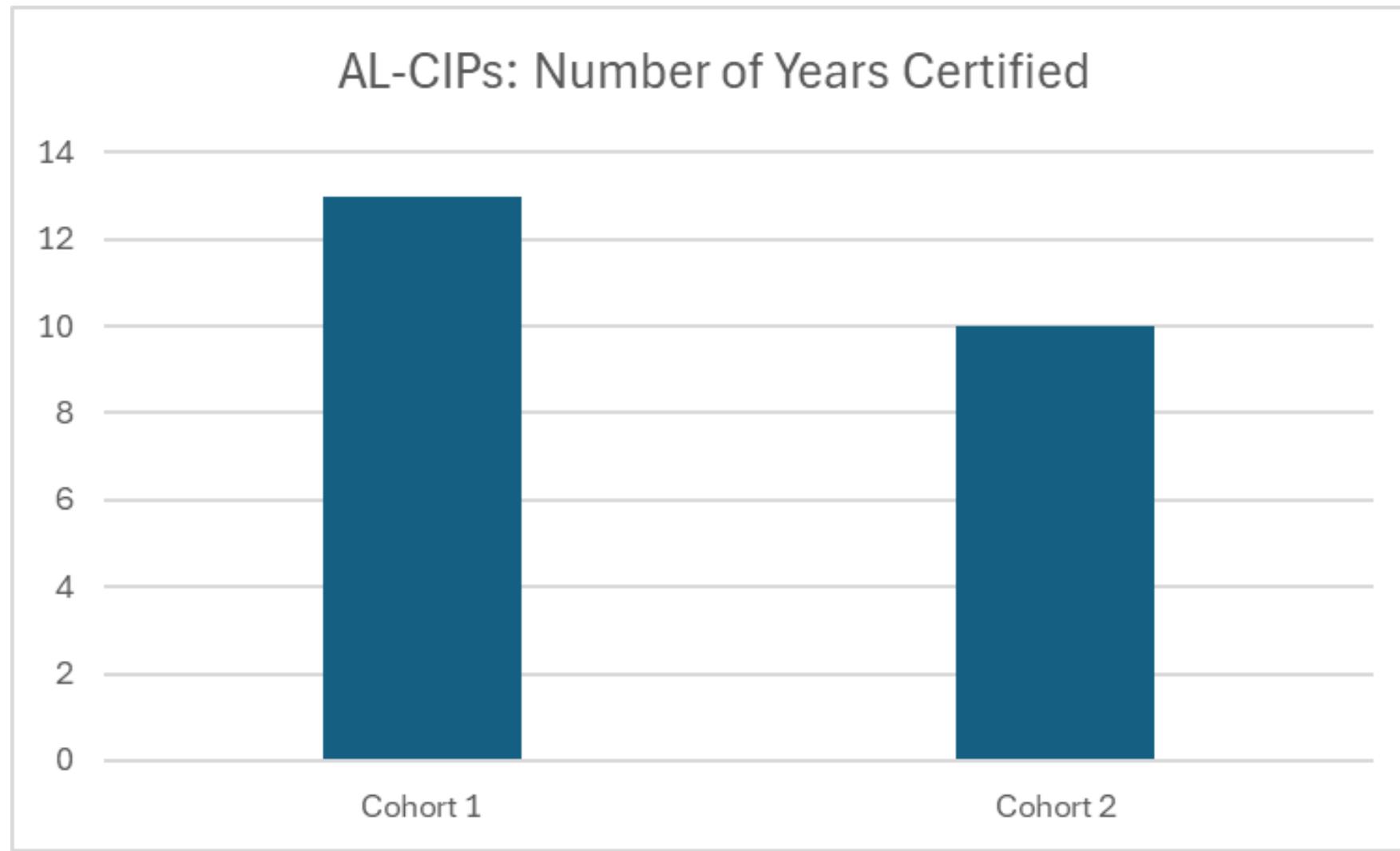
1. Demonstrated positive impact on the profession: Active engagement and advanced infection prevention and control practice, leadership, education, research, policy and/or advocacy for a recommended minimum of 7-10 years.
2. Active CIC® or LTC-CIP® certification

Cohort 2 Demonstrates Higher Pass Rates

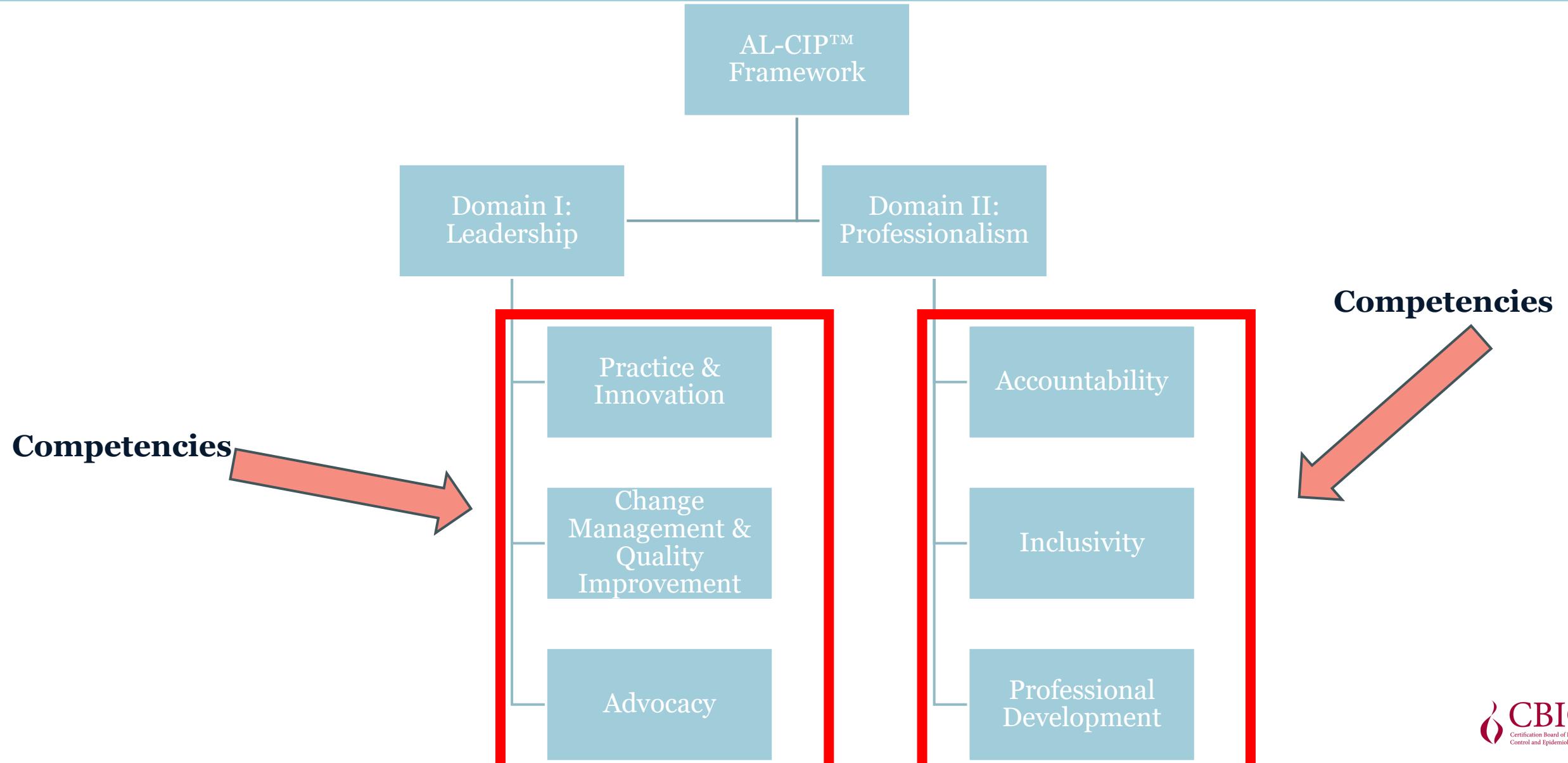


- **72% retake pass rate in Cohort 2**

Years of Experience



AL-CIP™ Framework



Building Your Portfolio: Select 50% of the Sub-Competencies

Domain 1: Leadership	Domain 2: Professionalism
<p>Practice and Innovation</p> <ul style="list-style-type: none">1. Strategic Vision 2. Interpersonal Communication3. Relationship Management4. Innovation and Creativity 	<p>Accountability</p> <ul style="list-style-type: none">1. Individual Accountability2. Advancing the Profession 
<p>Change Management & Quality Improvement</p> <ul style="list-style-type: none">1. Risk Assessment and Reduction2. Change Management 3. Teams and team building4. Quality Improvement 	<p>Inclusivity</p> <ul style="list-style-type: none">1. Engagement 2. Implementation
<p>Advocacy</p> <ul style="list-style-type: none">1. Coalition Building2. Influence 	<p>Professional Development</p> <ul style="list-style-type: none">1. Individual Development 2. Professional/Leadership Development

Example– Domain I | Leadership | Practice & Innovation

Sub-competency: **Strategic Vision**

- o Connect broad social, economic, and political changes to the strategic direction of organizations.
- o Scan internal and external environments to identify key IPC trends and opportunities. o Identify sources and applications of safety and quality standards to guide IPC practice.
- o Build and sustain a positive organizational culture to advance IPC practice.

Example- Domain I | Leadership | Change Management & Quality Improvement

Sub-competency: **Quality Improvement**

- o Utilize QI principles, methods, and tools to drive improvement.
- o Advance quality improvement culture across the profession through dissemination of outcomes.
- o Apply evidence from implementation science.
- o Contribute to the improvement of access and care quality for underrepresented and medically underserved populations.
- o Coordinate IPC resources to provide safe, quality, and equitable care to diverse populations.

Example– Domain II | Professionalism |Accountability

Sub-competency: **Advancing the Profession**

- o Define and enhance accountability for the performance of IPC evidence-based practices
- o Influence and/or empower others to identify opportunities for improvement and implement changes

Example- Domain II | Professionalism |Professional Development

Sub-competency: **Individual Development**

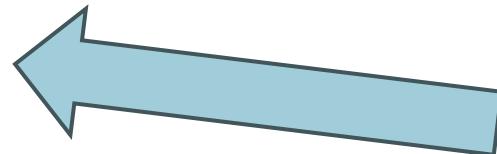
- o Complete self-assessment to enhance personal health, resilience and well-being, lifelong learning, and the acquisition of IPC expertise and leadership
- o Design and implement a professional development plan
- o Seek continuous feedback to improve practice and leadership skills

Reusing your evidence:

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

Example:

1.1 - Evidence #1



1.2 - Evidence #2

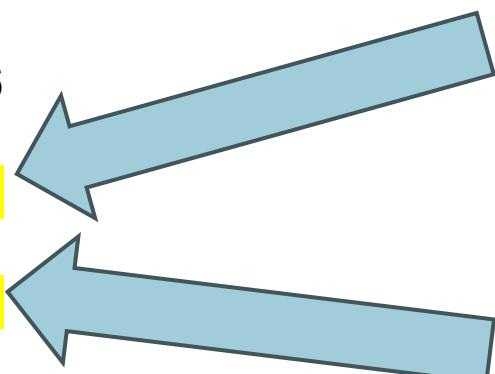
2.1 - Evidence #3

2.2 - Evidence #4

3.1 - Evidence #5

4.1 - Evidence #6

5.1 - Evidence #1



6.1 - Evidence #1

**Example: A career ladder
you developed and
implemented in your
institution**

Scoring of the AL-CIP

- Three judges score each portfolio independently
- All judges are required to fill out a conflict-of-interest form to indicate any portfolios they cannot review due to a professional/personal relationship with the candidate.
- All judges are trained through a third-party psychometric group.
- After scoring is complete, the psychometric group ensures there is inter-rater and intra-rater reliability before any results are released.

Scoring Rubric- Rationale

Rationale			
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 applicants' work and the Sub-Competency

Scoring Rubric- Evidence

Evidence			
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

Feedback from the judges-successful portfolios

- Provided a single example for each sub-competency within a well-organized and thoughtful rationale for each sub-competency that linked to the uploaded single piece of evidence.
- Ex: An example to meet this criteria might include a project where a healthcare system developed a management protocol and policy to address Clostridium difficile. This resulted in great outcomes with a sustained low SIR. This was identified as a best practice by the National Health System and implemented as the standard.

Feedback from the judges-unsuccessful portfolios

- Combining multiple files into one piece of evidence – the judges only view the first piece!
- Copying and pasting the same rationales across sub-competencies or ignoring the minimum number of unique pieces of evidence – your portfolio will not be judged.
- Simply listing committees you have been on or credentials you earned – provide the measurable impact of your work.
- Providing links within your rationale to outside sources or media files – the judges are not expected to navigate beyond your written rationale.
- Submitting routine work instead of leadership level work

Helpful Hints – writing a strong rationale

- Include metrics

-resulted in a % reduction in C. difficile infections across our network

-Generated a cost savings of \$

-When leading a hospital-wide hand hygiene initiative, I coordinated a team of 20 staff members to implement new protocols. Within six months, we saw a 25% drop in healthcare-associated infections.



Don't just say what you did—explain **why** it mattered and what **impact** it had.

Helpful Hints – submitting strong evidence

- When uploading your evidence, consider the following:
 - The evidence must relate to the written rationale -- *i.e., do not write a rationale on developing a career ladder and upload a presentation you gave on AMR.*
 - Evidence must be from within the last ten years.
 - Evidence must be complete – *i.e., do not upload an incomplete journal article*



Evidence submitted should clearly and comprehensively illustrate your work within the selected sub-competency in context of the competency and domain and **align** with your rationale.

Retaking the AL-CIP

- Candidates opting to retake the AL-CIP will receive a 50% reduction in the fee when reapplying.
- Candidates 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 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.

The AL-CIP extends your CIC®/LTC-CIP®!

- Those with existing CIC or LTC-CIP will retain their certification upon earning the AL-CIP.
- If a CIC/LTC-CIP certificants 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 IPUs.

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 fills out 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 IPUs or examination.

Getting ready for the next application cycle:

- The application opens January 20, 2026, and closes March 2, 2026
 - Read the [Updated Candidate Handbook](#) prior to applying. The handbook was expanded to include clarification on common questions you will acknowledge to the terms in the handbook at the time of application.
 - Review the [AL-CIP Tips for Success document](#) as you begin your portfolio. This includes guidance submitted directly from AL-CIP judges on common traits of unsuccessful portfolios, weak vs. strong examples, and characteristics of leadership level IPC work.
 - Consider using the [AL-CIP rationale template](#) - this may help you organize your thoughts and ensure you are concise and thorough in your rationales.
 - Attend an [informational session](#) to ask questions and brainstorm ideas. These are led by AL-CIPs and CBIC staff.



I was previously unsuccessful in – do you have any advice for my next attempt?





What is an example of leadership level work versus routine work?





Can I have
someone review
my portfolio
before I submit it?





I was President of my local chapter or other IPC organization. How can I use this as an example?





I now work in an academic setting, what tips do you have for putting together a portfolio?

