



Attestation Statement

To be filled out by employer or supervisor:

Please complete this form, checking relevant boxes in each section of the form. Return the original signed form to the applicant, who will submit it to our office with a full application. If you have questions, please contact CBIC at 202-454-2625 or info@cbic.org.

I verify that the following statement is accurate:

The applicant named below has direct responsibility for the infection prevention and control activities/program in their setting, and this is reflected in their current job description.

I verify that the applicant's practice includes the elements below:

Check applicable boxes for the required practice elements. Practice must include all of the following infection control elements to be eligible:

Identification of infectious disease processes;

AND

Surveillance and epidemiologic investigation;

AND

Preventing and controlling the transmission of infectious agents;

AND

Environment of care;

AND

Cleaning, sterilization, disinfection, and asepsis;

At least 2 of the following additional activities:

Employee/occupational health;

Management and communication;

Education and research.

Applicant's Name:

Applicant's Employment Date (mm/dd/yyyy):

Employer/Supervisor's Name (please print):

Employer/Supervisor's Title:

Employer/Supervisor's Organization:

Employer/Supervisor's Email:

Employer/Supervisor's Work Phone:

Employer/Supervisor's Signature:

Date: