



# CLIENT ATTESTATION STATEMENT FOR CONSULTANTS

In order to be eligible to take the CIC®/LTC-CIP examination in infection prevention and control, a self-employed candidate (i.e. independent consultant) must have the following information provided by at least three clients. **Candidates should give this form to the client, who then fills it out and submits it to the CBIC Executive Office.**

**Directions:** Please complete this form, checking relevant boxes in each section of the form. Return the original signed form to info@cbic.org. The CBIC office will add it to the candidate's application. If you have questions, please contact the CBIC Executive Office at 202-454-2625.

### APPLICANT INFORMATION:

Independent Contractor                       Consultant

other \_\_\_\_\_

*(List any specific job-titles the applicant is referred to while working within your facility.)*

### I verify that the following statement is accurate (Check all that are applicable):

The applicant named below is currently providing infection prevention and control services at:

### I verify that the applicant's services included 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;

Consultation on infection prevention and control, risk assessment, and prevention and control strategies

Please provide a detailed description of the applicant's role in your facility.

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## CLIENT ATTESTATION STATEMENT FOR CONSULTANTS

Applicant's Name: \_\_\_\_\_

Date when Applicant started working for your facility: \_\_\_\_\_

Client Name (please print): \_\_\_\_\_

Client Title: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_

Client Email: \_\_\_\_\_

Client Organization: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_