CBIC®
Certification Board of Infection Control and Epidemiology, Inc.

555 East Wells Street
Suite 1100
Milwaukee, WI 53202
Phone: 414.918.9796
Fax: 414.276.3349
E-mail: info@cbic.org
Website: www.cbic.org

Consultant Application Guide

To apply for the Initial CIC® examination as a consultant, you will need to submit a **paper application** to include the items listed below. *Please be sure to send the Consultant Attestation Statements to your clients to complete, in which they will send back to our office via email, mail, or fax.*

You may submit your application prior to CBIC receiving the Consultant Attestation Statements. Once CBIC receives the document(s) from your clients, we will process your application. Please note that the application process may take up to 7-10 business days to review.

1. **Proof of degree** (unofficial/official copy of transcript or diploma)
2. **Resume/CV**
3. **Initial Application**
4. **Client Attestation Statement for Consultants** (three of your clients must submit this document back to CBIC)

Should you have any questions, please feel free to contact CBIC at info@cbic.org or 414.918.9796.

CBIC
Certification Board of Infection Control and Epidemiology, Inc.

CIC® EXAMINATION APPLICATION
INITIAL CERTIFICATION AND LAPSED CERTIFICANTS

PRINT NAME (required) Must match ID/drivers license/passport

Last: _____ First: _____ MI: _____

Designation(s): (required)_____ Title: (required) _____

Certification # *(if known)*: _____

PREFERRED MAILING ADDRESS (required)

Street/P.O. Box: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code:_____

Daytime Tel. No.: _____ Evening Tel. No.: _____

Email: (required)_____

EXAMINATION DOCUMENTATION:

You must include ALL of the following with your completed and signed application form: (required)

☐ Proof of diploma /degree (Transcript or copy of diploma).

☐ Completed attestation statement form (found online under Exam Applications and Forms) which must be signed by the applicant's supervisor / director, attesting that the applicant meets all of the requirements above.

☐ CV/Resume.

☐ Official job description (Must be provided on employers letterhead w/ signature from Management/HR Dept).

☐ For self-employed applicants only:

Please provide names of three references (clients) and three client attestation statements for whom you have provided infection prevention and control consultation in the past 2 years. Clients should be asked by the candidate to complete an attestation form (found online under Exam Applications and Forms) and to forward the completed form directly to the CBIC Office (not to the applicant).

☐ Payment of the required fees for the examination.

Application forms will be rejected for any candidate who does not provide the required documentation and fees.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Education level *(choose highest level)*: (required)

☐ Diploma ☐ Associate ☐ Bachelor ☐ Master

☐ Doctorate (Specialty required): _____

PROFESSION (required)

☐ Infection Prevention & Control Professional

☐ Epidemiologist

☐ Director

☐ Microbiologist

☐ Other: _____

PROFESSIONAL LICENSE OR REGISTRATION/CERTIFICATION: *(choose up to two)* (required)

☐ LPN or RPN Year obtained: _____

☐ Medical Technologist Year obtained: _____

☐ Physician Year obtained: _____

☐ Registered Nurse Year obtained: _____

☐ Respiratory Therapist Year obtained: _____

☐ Other (specify) Year obtained: _____

_____

☐ None

Year Started in Infection Prevention and Control: _____

PRACTICE SETTING:

(Please choose at least one of the following:)

☐ Ambulatory Care ☐ Acute Care/Hospital

☐ Behavioral Health ☐ EMS/Public Health

☐ Home Care ☐ Long-Term Care

☐ Veteran Affairs ☐ Self-Employed/Consultant

☐ Other: _____

PROFESSIONAL ORGANIZATIONS

If you're not a member of APIC or IPAC Canada and would like more information, please check this box: ☐

SPECIAL CONSIDERATIONS

Because of functional limitations imposed by a disability, special arrangements will be necessary for the candidate to complete the certification examination.

☐ Yes ☐ No

If yes, please complete and submit the "Request for Special Accommodations" and "Documentation of Disability" forms located online with your exam application and fees at least 45 calendar days prior to the desired examination date. Please inform CBIC of the need for special accommodations when scheduling an examination time.

NOTIFICATION OF SUPERVISOR If you pass the CIC® exam, who would you like us to contact? (e.g., supervisor, director, CNO, etc.)

If you do not want CBIC to notify anyone, please check here ☐

Last: _____ First: _____ MI: _____

Designation(s): _____ Title: _____

Email Address: _____

EXAMINATION PAYMENT

☐ United States Assessment Center: $375 ☐ International Assessment Center: $375

Method of Payment: ☐ CHECK or MONEY ORDER payable in U.S. dollars drawn from a U.S. bank to "CBIC"*
☐ VISA** ☐ MasterCard** ☐ American Express** ☐ Discover**

Credit Card No.: _____Exp. Date: _____Signature: _____

**A charge of $20 will apply to checks returned for insufficient funds. **If rebilling of a credit card charge is necessary, a $25 processing fee will be charged. **May take 7-14 Business days to process application.*

AGREEMENT OF AUTHORIZATION & CONFIDENTIALITY

I have read the eligibility requirements and attest that I meet these requirements.

I understand that I could be audited to verify my eligibility. I understand my certification can be delayed until eligibility is verified.

I authorize the Certification Board of Infection Control and Epidemiology, Inc. to make whatever inquiries and investigations that it deems necessary to verify my credentials and professional standing. I allow the Certification Board of Infection Control and Epidemiology, Inc. to use information from my application and subsequent examination for the purpose of statistical analysis, provided my personal identification with that information has been deleted. I have read and understand the information provided in the Candidate Handbook. I declare that the foregoing statements are true. I understand that false information may be cause for denial or loss of the credential. I understand that I can be disqualified from taking or completing the examination, or from receiving examination scores, if the Certification Board of Infection Control and Epidemiology, Inc. determines that I was engaged in collaborative, disruptive or other prohibited behavior during the administration of the examination.

I further agree to abide by the policies and procedures as set forth in the Candidate Handbook.

Candidate's Signature: _____Date: _____

Please return this application and appropriate documents and fees to:
Examination Services, CBIC; 555 E. Wells St. Suite 1100; Milwaukee, WI 53202. Fax: 414/276.3349

CBIC®
Certification Board of Infection Control and Epidemiology, Inc.

CLIENT ATTESTATION STATEMENT
FOR CONSULTANTS

In order to be eligible to take the CIC® initial certification 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.**

Please complete this form, checking relevant boxes in each section of the form. Return the original signed form to the CBIC Executive Office, who will add it to the candidate's application. If you have questions, please contact the CBIC Executive Office at 414/918.9796.

APPLICANT INFORMATION:

The applicant named below is currently providing infection prevention and control services at (name of location, facility, organization, etc.):

_____

Applicant's Name: _____

Date when Applicant started working for your facility: _____

☐ Independent Contractor ☐ Consultant

☐ other _____

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

I verify that the applicant's services include all of the indicated elements I have marked below in a satisfactory and acceptable manner:

☐ Identification of infectious disease processes; AND

☐ Surveillance and epidemiologic investigation; AND

☐ Preventing and controlling the transmission of infectious agents; AND

☐ At least 2 of the following additional activites:
- ☐ Employee/occupational health;
- ☐ Management and communication;
- ☐ Education and research;
- ☐ Environment of care;
- ☐ Cleaning, sterilization, disinfection, and asepsis;
- ☐ Consultation on infection prevention and control, risk assessment, and prevention and control strategies;
- ☐ Other – please explain: _____

Please provide a detailed description of the applicants role in your facility.

_____

_____

_____

_____

_____

_____

CBIC-1219-094

CBIC
Certification Board of Infection Control and Epidemiology, Inc.

CLIENT ATTESTATION STATEMENT
FOR CONSULTANTS

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: _____

CBIC Executive Office
Attn: Examination Services
555 E. Wells St. Suite 1100
Milwaukee, WI 53202
P: 414/918.9796 F: 414/276.3349
info@cbic.org www.cbic.org

CBIC-1219-094