How to apply for the CIC Examination

1. Begin on the CBIC Home Page: https://www.cbic.org/ .
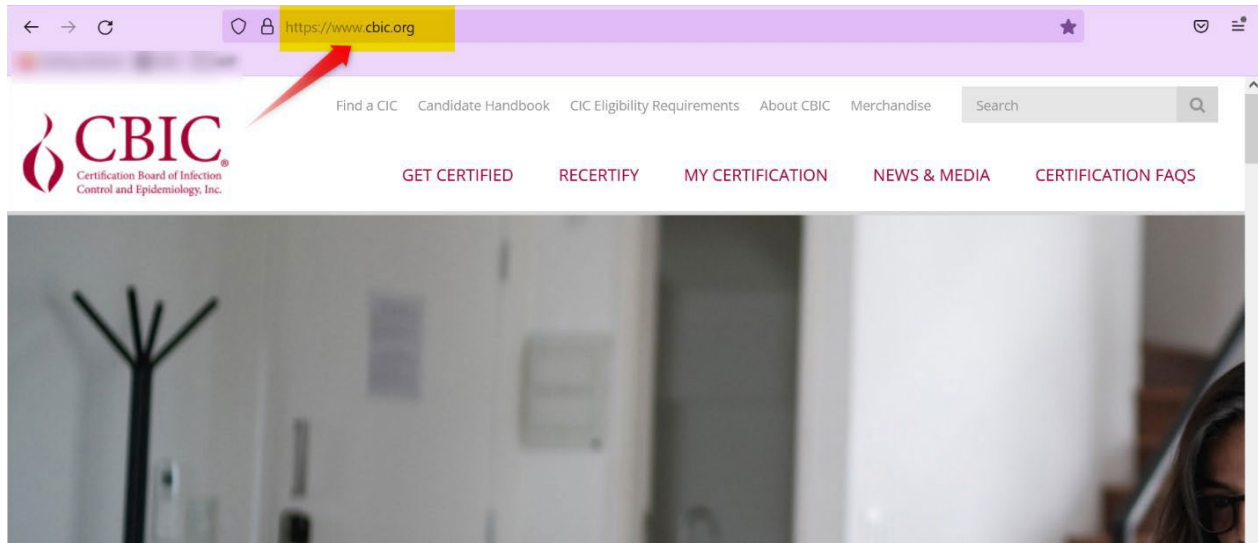
2. Hover your mouse over the "**GET CERTIFIED**" tab, and click the link for **CIC®**.
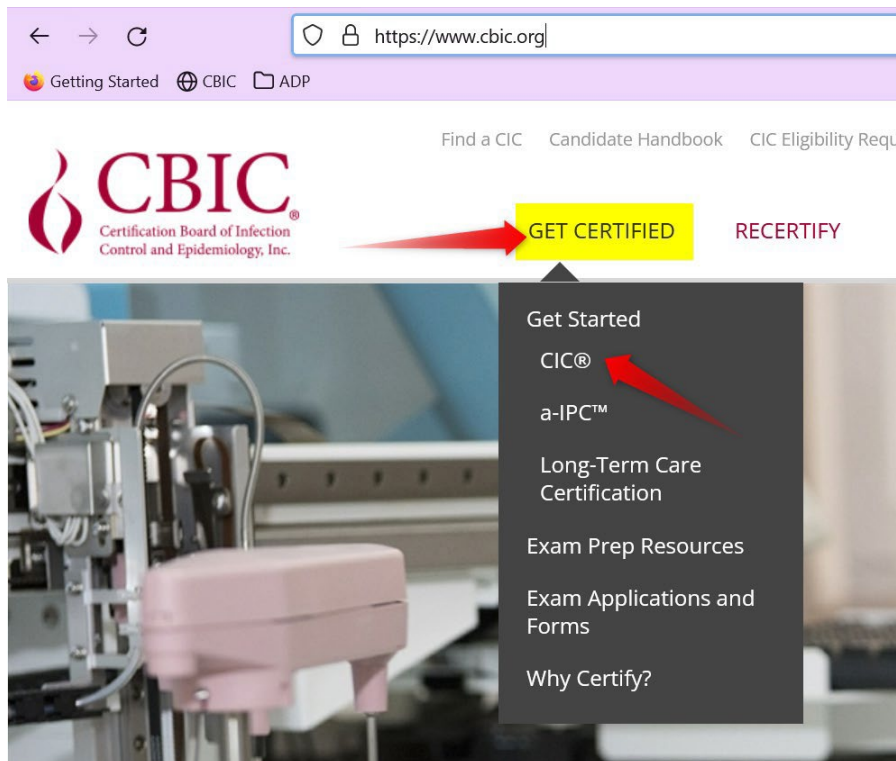
3. Now you'll be on "**About the CIC® Exam**" page. https://www.cbic.org/CBIC/CIC-Certification/About-the-Examination.htm Scroll down to the "**Apply for the CIC**" header.

Apply for the CIC®

1. Create a login and password.
   - **New Users:** Follow this link to create a login and password: https://secure.cbic.org/imiscbic/cbic/create-account.aspx You will need an active email address to proceed.

   - **Returning Users:** For those who have applied before or already have a login, follow this link to either sign-in to your profile or to reset your login and password: https://secure.cbic.org/imiscbic/cbic/profile/

2. Fill out an application.
   - **Apply** online

4. New users that do not have an existing CBIC account should click the below link to create a new account: https://secure.cbic.org/imiscbic/cbic/create-account.aspx.

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5. Once your account has been created, return to About the CIC Exam page and click the "**Apply online**" link: https://secure.cbic.org/imiscbic/cbic/application.

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2. Fill out an application.
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6. Enter your Username and Password and click "**Sign In**" to sign into your CBIC account.

CBIC
Certification Board of Infection Control and Epidemiology, Inc.

MY PROFILE   GET CERTIFIED   RECERTIFY   NEWS & MEDIA

Sign In

Username

Password

☐ Keep me signed in

Sign In

Forgot username? | Forgot password?

Create a new account

7. Once logged in, click the "**Start My Application**" button.

Genesis Uricochea

CBIC ID   131632

▼

CIC Certification Application

Eligibility Guidelines

Congratulations! You are eligible to order CIC exam. Questions regarding eligibility guidelines should be direct to info@cbic.org

Start My Application

8. The next screen will list your name and preferred mailing address. Please confirm your information, if needing to update information, please click on the pencils on the top right corner to edit your information. Once you have verified your information click "**Continue**".

Please take a moment to review your application fields and make sure they are up to date with what is on file in your CBIC account.

Genesis Uricochea

Certification Coordinator

CBIC

Address

| Home | Alt Business | + |

1400 Crystal Drive
Ste 900
Arlington 22202
UNITED STATES

✓ Preferred Mailing Address
✓ Preferred Billing Address
✓ Preferred Shipping Address

guricochea@cbic.org

Go Back   Continue

9. The next screen will ask if you require special accommodations for your examination. If you do not require accommodations under ADA (Americans with Disabilities Act), do not check this box. Click "**Save and Continue**".

MY PROFILE   GET CERT

Special Accommodations

Do you require special accommodations?   ☐

Go back   Save and Continue

NOTE: Candidates who have a learning disability, a psychological disability, or other disability that requires an accommodation in testing should check this box and upload the **Request for Testing Accommodations Application** before clicking "**Save and Continue**".

Testing Accommodations

If you require testing accommodations for the exam, please indicate this on your application. To ensure your request is processed, the appropriate documentation **must be submitted at the time of application using the form provided below.**

Do you require testing accommodations? ☑

Request for Testing Accommodations Application

Upload

Choose File | No file chosen

10. Next, confirm the rest of your demographic information and click "**Save and Continue**".

Professional Information

*Job Title	Certification Coordinato
*Primary Language	English
*Highest degree earned	Diploma
*Year started in IC	2015

*Practice Setting
- ☐ Check all
- ☐ Acute Care/Hospital
- ☐ Ambulatory Care
- ☑ Behavioral Health
- ☐ EMS/Public Health
- ☐ Home Care
- ☐ Long Term Care
- ☐ Other practice setting
- ☐ Self-Employed/Consultant
- ☐ Veterans Affairs

Practice Setting Other

- ☐ Preventive Medicine
- ☐ Psychiatry
- ☐ Radiology
- ☐ Surgery
- ☐ Thoracic and Cardiac Surgery
- ☐ Vascular Surgery

Practice area - other

Other Profession

*Please include your name as you would like it printed on your certificate.

Genesis Uricochea

New certificants will be contacted by the Award Group upon successful completion of your examination.
Note: CBIC will only print CIC©, LTC-CIP, or a-IPC after your name. We do not include other credentials.

[Go back] [Save and Continue]

11. Select your preferences and check the "I have read and AGREE with the policies and information contained in the Candidate Handbook along the Remote Proctoring requirements click "**Save and Continue**".

☐ Recommended by education program/college
☐ Required by employer
☐ Search Engine (Google, Yahoo, etc.)

CBIC would like to hear from you!

What is your reason for pursuing the Long-Term Care certification in Infection Prevention?

Candidates are responsible for reviewing the policies and information contained in the Candidate Handbook prior to applying for and becoming certified and/or recertified. I have read and AGREE with the policies and information contained in the Candidate Handbook. ☑

If I choose to take the exam via remote proctoring, I acknowledge that I have read and understand the Remote Proctoring System Requirements, Testing Environment Requirements, Security Check, Proctoring Procedure, Technical Difficulties, Copyrighted Questions, and Policy Violations (see Remote Proctoring). I understand that technical issues may occur, and it is my responsibility to ensure my system meets all requirements. I also acknowledge that I have the option to take my exam at a designated testing center instead. ☑

Go back   Save and Continue

12. Click **Pay now**, it will direct you to the payment details.

Genesis Uricochea

ID	131632
Type	Prospect

❌ Application fees are not paid - $ Pay now

You must meet all the requirements above to submit your application for review

My Application Status

App Type	Form Id	Status	Submit Date
There are no records.			

13. On the next screen, enter in your payment details and click "**Submit Order**".

Payment Details

○ **Pay Now**

Payment amount

Payment method   American Express ▾

*** Card number**

*** Name on card**   Jessica Dangles

*** Expiration date**   01 ▾ 2022 ▾

CSC

Card address   1400 Crystal Dr
Ste 900
Arlington, VA 22202-4153
UNITED STATES
Choose another address

Submit Order

14. On the next screen, click the "**Submit My Application for Review**" button.

Jessica Dangles

ID   129491
Type   Staff

☑ Application fees are paid

Submit My Application for Review

My Application Status

App Type	Form Id	Status	Submit Date
There are no records.			

15. Now you will see a green bar that states, "**Application was successfully submitted!**". Your application has been submitted and you should receive a follow up communication from our office within 7-10 business days.

Jessica Dangles

ID	129491
Type	Staff

☑ Application fees are paid

Application was successfully submitted!