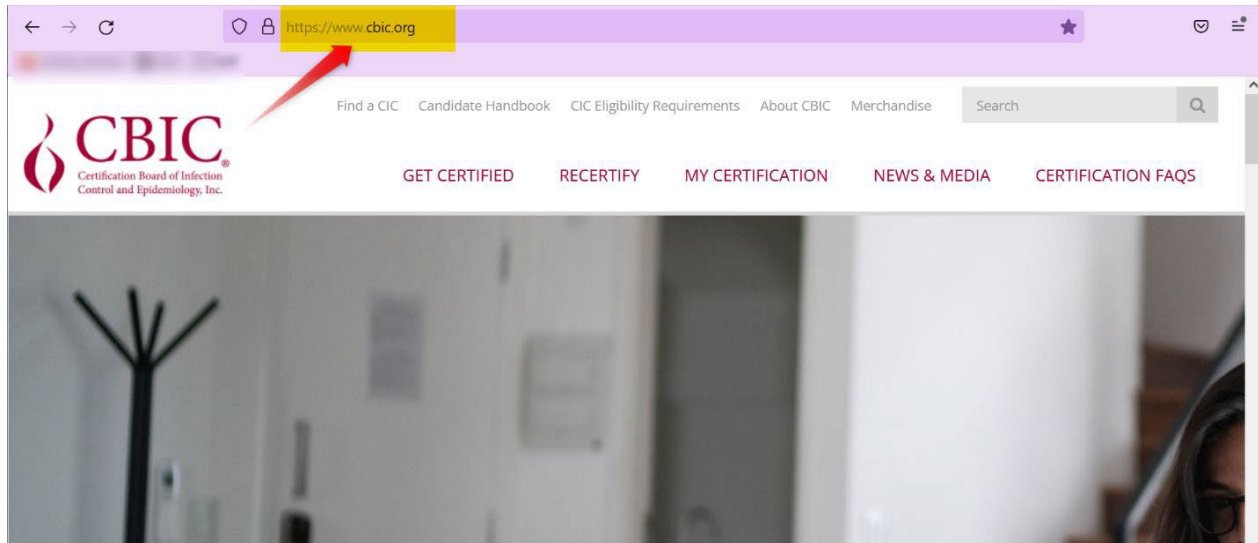
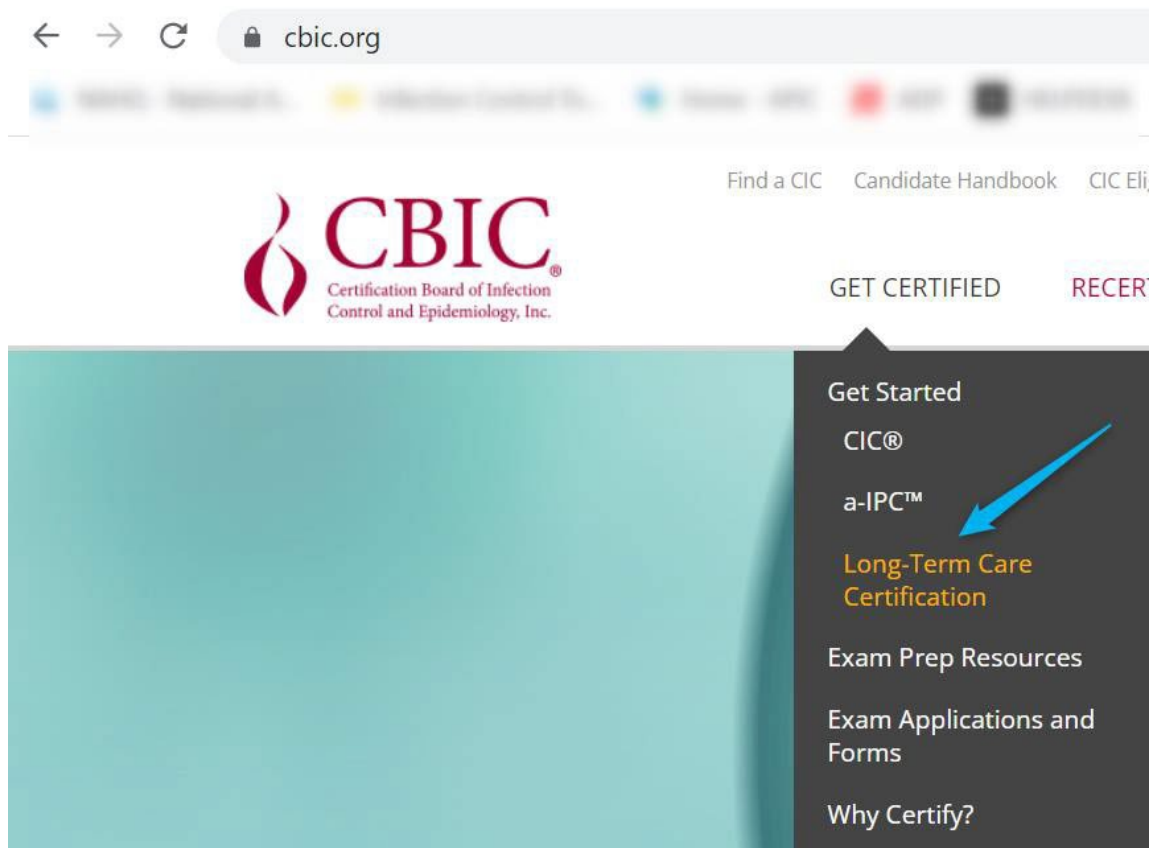


# How to apply for the LTC-CIP Examination

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 **Long Term Care Certification**.



3. Now you'll be on "**About the LTC-CIP**" page. <https://www.cbic.org/CBIC/Long-term-care-certification.htm> Scroll down to the "**Application Instructions**" header.

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## Application Instructions

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 already have a CBIC 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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## Application Instructions

1. Create a login and password.

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Once your account has been created, return to the [About the LTC-CIP](#) page and click the “Apply online” link: <https://secure.cbic.org/iMISCBIC/cbic/ltcip-application/>

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## Application Instructions

1. Create a login and password.

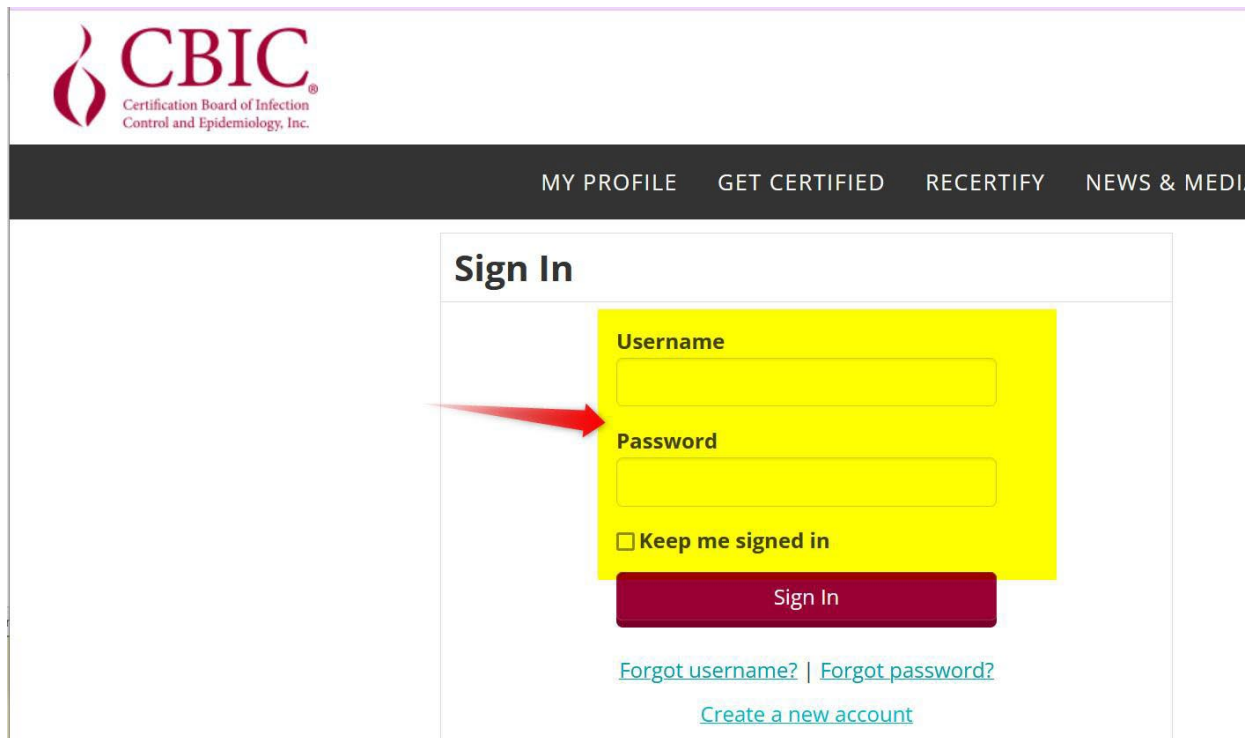
- **New Users:** Follow this link to create a login and password: <https://secure.cbic.org/imiscbic/cbic/create-account.aspx> You will need an active email address to proceed.
- **Returning Users:** For those who already have a CBIC login, follow this link to either sign-in to your profile or to reset your login and password: <https://secure.cbic.org/imiscbic/cbic/profile/>

2. Fill out an application.

- **Apply [online](#)**



5. 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](#)

6. Once logged in, click the **“Start My Application”** button.

Genesis Uricochea

CBIC ID 131632



## Long-Term Care Certification Application

[Eligibility Guidelines](#)

Congratulations! You are eligible to order the long-term care exam. Questions regarding eligibility guidelines should be direct to [info@cbic.org](mailto:info@cbic.org)

Start My Application



7. 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

[guricochea@cbic.org](mailto:guricochea@cbic.org)

✓ Preferred Mailing Address

✓ Preferred Billing Address

✓ Preferred Shipping Address

Go Back

Continue

8. 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**” Form 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


No file chosen

9. Next, confirm the rest of your demographic information and click “**Save and Continue**”.

### Professional Information

*Job Title	<input type="text" value="Certification Coordinatc"/>
*Primary Language	<input type="text" value="English"/>
*Highest degree earned	<input type="text" value="Diploma"/>
*Year started in IC	<input type="text" value="2015"/>
*Practice Setting	<div><input type="checkbox"/> Check all <input type="checkbox"/> Acute Care/Hospital <input type="checkbox"/> Ambulatory Care <input checked="" type="checkbox"/> Behavioral Health <input type="checkbox"/> EMS/Public Health <input type="checkbox"/> Home Care <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other practice setting <input type="checkbox"/> Self-Employed/Consultant <input type="checkbox"/> Veterans Affairs</div>
Practice Setting Other	<div><input type="text"/></div> <div><input type="checkbox"/> Preventive medicine <input type="checkbox"/> Psychiatry <input type="checkbox"/> Radiology <input type="checkbox"/> Surgery <input type="checkbox"/> Thoracic and Cardiac Surgery <input type="checkbox"/> Vascular Surgery</div>
Practice area - other	<div><input type="text"/></div>
Other Profession	<div><input type="text"/></div>
*Please include your name as you would like it printed on your certificate.	<div><input type="text" value="Genesis Uricocha"/></div>

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.



10. Select your preferences and check the “I have read and AGREE with the policies and information contained in the Candidate Handbook along with the remote proctoring system requirements and then click “Save and Continue”.

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

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### CBIC would like to hear from you!

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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



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

### Genesis Uricocha

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

<a href="#">App Type</a>	<a href="#">Form Id</a>	<a href="#">Status</a>	<a href="#">Submit Date</a>
There are no records.			

11. On the next screen, enter in your payment details and click “**Submit Order**”.

## Payment Details

☒ Pay Now ☐ Pay Later

Payment amount

Payment method

\* Card number

\* Name on card

\* Expiration date

CSC

Card address 1400 Crystal Dr  
Ste 900  
Arlington, VA 22202-4153  
UNITED STATES  
[Choose another address](#)



**Submit Order**

13. 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.			

14. 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!