



LTC-CIP Attestation Statement

Please fill out the fields below, indicating that you have responsibility for the infection prevention and control programs/activities in a long-term care setting as defined on the [LTC-CIP website](#). **This form is to be filled out by the candidate.**

If you have questions, please contact CBIC at 202-454-2625 or info@cbic.org.

Candidate Name

Date

Signature