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| http://hhscx.hhsc.texas.gov/sites/extranet/files/docs/communications/logos/Color_DSHS_V.jpgTexas CIC Certification Prep CourseApplication for PARTICIPATION |
| Contact Information |
| Job Title(s): |
| Applicant Name: |
| Phone: | E-mail: |
| Facility Name: |
| Facility Address: |
| City: | State: | ZIP Code: |
| Background Information/experience |
| How long have you been an Infection Preventionist? |  |
| In what type of healthcare setting do you currently work? |  |
| Are you currently CIC certified? |  |
| In your facility, how many IPs are CIC Certified? |  |
| When do you plan to take the CIC certification exam? |  |
| Is your facility in an urban or rural community? Circle one. |  Urban or Rural |
| Explain why you should be chosen to participate in this prep course: |
| CIC Exam REquirements |
| Are you accountable for the infection prevention and control activities/program in your setting? |  |
| Do you have a post-secondary degree (e.g. associates’ or baccalaureate degree) from an accredited academic facility? |  |
| Do you have experience in the following:  |
| Preventing and controlling the transmission of infectious agents: |  |
| Identification of infectious disease processes: |  |
| Surveillance and epidemiologic investigation: |  |
| Employee/occupational health: |  |
| Management and communication: |  |
| Education and research: |  |
| Environment of care: |  |
| Cleaning, sterilization, disinfection, and asepsis: |  |