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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: | | | |  |