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2023 CDIPC Exam Information Packet

This packet contains the eligibility requirements and important policy information for the Certified in Dental Infection Prevention and Control (CDIPC) certification exam.

Apply for the CDIPC exam at www.danb.org.



DANB Contact, Forms and Policies

Dental Assisting National Board
444 N. Michigan Ave., Suite 900
Chicago, IL 60611-3985
www.danb.org

Phone: 1-800-367-3262
Fax: 1-312-642-8507
Email: danbmail@danb.org

Find all of DANB's policies and forms at www.danb.org/exams/forms-and-policies.

DANB accepts 2023 exam applications through Dec. 31, 2023.

Congratulations on taking the first step toward earning DANB certification!

Earning DANB certification is one of the most important steps you can take in your career. DANB offers national certification exams, exams leading to certificates of knowledge-based competence and state-specific dental assisting exams. When you earn and maintain DANB certification, you demonstrate your professional commitment and show you have gained the education and experience to deliver a high standard of care.

Candidate Handbook

When applying for an exam, you are responsible for understanding and complying with policies and procedures in the [Candidate Handbook](#).

Preparing for Your Exam

1. Review the exam outline

The [exam outlines](#) list the topics that will be covered on the exams and can help you identify areas you'll want to study.

2. Select your study materials

Obtain study materials. Options include:

- Suggested reference list (included in exam outlines)
- Textbooks and other reference materials
- The DALE Foundation's [review courses and study aids](#)

3. Make a study plan

See study strategies and exam day tips at www.danb.org/exams/prepare-for-danb-exams.

CDIPC Exam Outline and References

- [CDIPC Exam Outline and Suggested References](#)

Fair Testing Policy

DANB seeks to ensure a fair and equitable testing experience for all individuals while ensuring the security and reliability of the process. Improper behavior is not acceptable before, during or after an exam appointment, and each candidate's behavior is monitored during testing. Consequences of improper behavior may include rescission of exam results and/or revocation of ability to take future exams. For examples of improper behavior, see DANB's Disciplinary Policy & Procedures, available at www.danb.org.

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DANB is a member of the Institute for Credentialing Excellence. The National Commission for Certifying Agencies (NCCA), an Institute for Credentialing Excellence commission with responsibility for accrediting certification programs, has evaluated DANB national certification programs (CDA and COA), including DANB component exams (RHS, ICE, GC and OA), and finds that DANB programs meet NCCA's highest standards, thus helping to assure validity, reliability and objectivity in the testing process.

CDIPC Certification Exam Pathways

To earn the CDIPC certification, you must pass the CDIPC exam.

You must meet the requirements of one of the two eligibility pathways outlined below to qualify to take the CDIPC exam.

Pathway I

You must meet one of the Education options listed below, **AND** one of the Experience options listed on page 6.

EDUCATION

Meet one of the following educational options:

OPTION 1

DANB's Infection Control exam (ICE) certificate earned within the past 5 years

Documentation: None; verification records maintained by DANB

OPTION 2

Current DANB Certified Dental Assistant (CDA), Certified Orthodontic Assistant (COA) or National Entry Level Dental Assistant (NELDA) certification

Documentation: None; eligibility documentation maintained by DANB

OPTION 3

Current Dental Industry Specialist in Infection Prevention and Control (DISIPC) certification

Documentation: None; eligibility documentation maintained by DANB

OPTION 4

Complete the education requirements in **steps 1 and 2:**

1. Hold the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate

Documentation: None; verification records maintained by the DALE Foundation

AND

2. Complete **ONE** of education options a-f below:

- a. DALE Foundation's DANB ICE Review course

Documentation: None; records maintained by the DALE Foundation

- b. From Policy to Practice: OSAP's Guide to the CDC Guidelines

Documentation: Copy of certificate of completion

- c. OSAP's OSHA & CDC Guidelines: OSAP Interact Training System

Documentation: Copy of certificate of completion

- d. OSAP Dental Infection Control Boot Camp

Documentation: Copy of certificate of completion

- e. Graduate from a Commission on Dental Accreditation (CODA)-accredited dental assisting or dental laboratory technology program

Documentation: Copy of certificate or diploma, or original/official transcript sent to DANB directly by the school

- f. Hold a life sciences, applied life sciences or related professional healthcare degree (i.e., associate, bachelor's, master's or doctorate). See p. 6 for list of accepted degrees.

Documentation: Copy of diploma or original/official transcript sent to DANB directly by the school

EXPERIENCE

Complete at least 1,040 hours of work experience applying U.S. federal infection prevention and control guidelines and standards* in dental settings within the previous 3 years through one of the following options that best describes your role. **See Work Experience forms starting on page 14.**

OPTION 1

Performing infection prevention and control protocols based on these guidelines and standards in a dental setting (e.g., dental assistant, dental hygienist)

Documentation: Work Experience Form

OPTION 2

Supervising individuals who implement these guidelines and standards in a dental setting

Documentation: Work Experience Form

OPTION 3

Providing education or consulting services on these guidelines and standards in a dental setting (e.g., faculty teaching dental infection prevention and control, company educators, consultants)

Documentation: Work Experience Form

OPTION 4

Healthcare professionals* who investigate or inspect dental settings for compliance with federal infection prevention and control guidelines and standards on behalf of government, regulatory, accrediting or public health authorities

**Healthcare professionals (e.g., D.D.S; D.M.D.; RDH; certified, registered, and/or licensed dental assistant; licensed, registered or certified healthcare professional)*

Documentation: Work Experience Form

**CDC Guidelines for Infection Control in Dental Healthcare Settings (2003); CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care (2016); OSHA Hazard Communication Standard; and OSHA Bloodborne Pathogens Standard (1910.1030).*

Pathway II

Hold one or more of the following certifications.

You must meet one of the Certification options **AND** one of the Education options listed below.

CERTIFICATION

OPTION 1

Current International Association of Healthcare Central Service Materiel Management (IAHCSMM) Certified Registered Central Services Technician (CRCST) certification

Documentation: Copy of certificate or credential verification letter from IAHCSMM

OPTION 2

Current Association for Certifying Board in Infection Control (CBIC) Certified in Infection Control (CIC) certification

Documentation: Copy of certificate or credential verification letter from CBIC

OPTION 3

Current Certification Board for Sterile Processing and Distribution (CBSPD) Certified Sterile Processing and Distribution Technician (CSPDT) certification

Documentation: Copy of certificate or credential verification letter from CBSPD

EDUCATION

Complete the education requirements in **steps 1 and 2** below.

1. Hold the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate

Documentation: None; verification records maintained by the DALE Foundation

AND

2. Complete ONE of education options a-f below:

a. DALE Foundation's DANB ICE Review course

Documentation: None; records maintained by the DALE Foundation

b. From Policy to Practice: OSAP's Guide to the CDC Guidelines

Documentation: Copy of certificate of completion

c. OSAP's OSHA & CDC Guidelines: OSAP Interact Training System

Documentation: Copy of certificate of completion

d. OSAP Dental Infection Control Boot Camp

Documentation: Copy of certificate of completion

e. Graduate from a Commission on Dental Accreditation (CODA)-accredited dental assisting or dental laboratory technology program

Documentation: Copy of certificate or diploma, or original/official transcript sent to DANB directly by the school

f. Hold a life sciences, applied life sciences or related professional healthcare degree (i.e., associate, bachelor's, master's or doctorate). See p. 6 for list of accepted degrees.

Documentation: Copy of diploma or original/official transcript sent to DANB directly by the school

Accepted Degrees for CDIPC Eligibility Pathways

The following majors are accepted for the life sciences, applied life sciences, or related professional healthcare degrees (i.e., associate, bachelor's, master's or doctorate). The degree must be from an educational institution accredited by an agency recognized by the U.S. Department of Education (or similar federal agency in another country). If you don't find your healthcare, life sciences or applied life sciences degree on this list, please contact DANB at danbmail@danb.org.

ORAL HEALTHCARE DEGREES

- Dental
- Dental hygiene
- Dental assisting*
- Community Dental Health Coordinator
- Dental therapist (and other state- or federal agency- specific mid-level provider titles)

* *Must be an associate degree or higher*

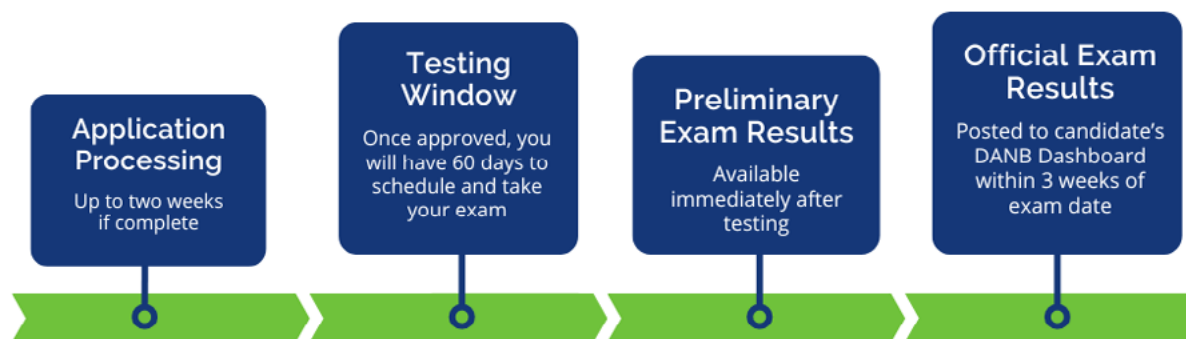
OTHER PROFESSIONAL HEALTHCARE DEGREES

- Medicine
- Nursing
- Physical therapy
- Physician assistant

LIFE SCIENCES OR APPLIED LIFE SCIENCES DEGREES

- | | | |
|---------------------------|---------------------|----------------------|
| • Anatomy | • Epidemiology | • Neuroscience |
| • Biochemistry | • Food science | • Pharmacology |
| • Biological anthropology | • Genetics | • Physiology |
| • Biology | • Genomics | • Population biology |
| • Botany | • Histology | • Toxicology |
| • Cell biology | • Immunotherapy | • Zoology |
| • Developmental biology | • Immunology | |
| • Ecology | • Microbiology | |
| • Environmental health | • Molecular biology | |

Exam Timeline



DANB ID Policy

When taking an exam, you must present one form of identification (ID) at your exam appointment.

Your ID must be:

- Currently valid, non-expired
- Photo-bearing
- In Roman characters
- Government-issued
- Signature-bearing
- The exact name as listed in their online DANB account

The printed name on your ID must match your name as it appears in DANB's database. Differences due to marital status changes without supplemental documentation are not allowed. The middle name is not required and does not need to be spelled out, but, if used, the first letter of the middle name must match the spelled-out name.

If the name listed on your account does not exactly match your ID, a Name Change Request must be processed through your DANB Dashboard with acceptable documentation. Contact DANB if any assistance is needed.

Acceptable forms of identification include:

- U.S. driver's license
- Valid passport
- Military ID card
- U.S. ID card/State ID
- A U.S. government-issued permanent resident card

Minors who are under the age of 18 taking an online proctored exam are permitted to present a valid student ID as a form of identification, as long as their parent or legal guardian presents a DANB-accepted form of ID during check-in. In addition, for exams administered through online proctoring, the candidate's guardian must also provide verbal consent during the check-in process.

You will not be allowed to take the exam if the name on your ID does not match the registered name exactly, and you would need to reapply. See the Missed Exam Appointment section for details.

Nondiscrimination Policy

DANB does not discriminate in application, exam or certification activities on the basis of age, sex, gender identity, marital status, race, color, religion, national origin, sexual orientation or disability.

Reasonable Accommodations for Candidates with Documented Disabilities

Please see the [Reasonable Accommodations form](#) for complete information on accommodations. Accommodations requests must be received with original application/prior to authorization.

Scheduling an Exam Appointment

Once your application is approved, you will receive a notification from DANB by email that provides a link to schedule your exam at a test center. You will have 60 days from the date your application is approved to schedule and take your exam.

You should schedule the exam appointment as soon as you receive an email from DANB, as appointments may be limited. Instructions are provided by email and within your online DANB account to schedule the exam appointment. Specific inperson test center locations, dates or times cannot be guaranteed; changes to in-person test center locations and/or hours may occur without notice

Canceling or Rescheduling an Exam Appointment

All exams can be canceled or rescheduled online through Pearson VUE. Exams scheduled at a test center can be canceled or rescheduled up to 24 hours before the appointment time. Online proctored exams can be cancelled or rescheduled up until the time of the exam. To cancel or reschedule your exam, please follow the steps below:

1. Log in to your DANB account to access your DANB Dashboard.
2. Select the exam you would like to reschedule under the heading “Applications in Process.”
3. Click the “Schedule Exam” button.
4. Select your upcoming exam appointment within your Pearson Dashboard.
5. Follow the prompts to cancel or reschedule your exam.
6. Confirm your new appointment or cancellation details in the automated email sent from Pearson. If you did not receive an email from Pearson, your exam appointment has not been canceled or rescheduled.

Requesting a New Testing Window

If you cannot schedule or reschedule an exam appointment before the end of your original 60-day testing window, you may request a new 60-day testing window **one time**. The request must be submitted within 60 days after the end of your original testing window. If you do not take the exam within the new testing window, you must submit a new exam application with any required documentation and full fees. Any testing window received at a reduced fee is not eligible for a refund. For additional information, please see the required [Request a New Testing Window form](#).

Canceling a Testing Window and Requesting a Partial Refund

If you do not wish to take the DANB exam for which you applied and would like to request a partial refund, you must submit a [Request to Cancel a Testing Window form](#). For additional information, please see the required [form](#).

Missed Exam Appointment

Any exam that is missed for any reason other than a documented emergency may be rescheduled at a reduced fee ONE TIME by following the below steps:

1. Access the exam application on your DANB Dashboard by clicking the name of the missed exam, AND
2. Submit a request and payment for the new 60-day testing window within 60 days of the Missed Exam date. The new testing window will start immediately upon successful submission of the request.

Exams are considered missed if you were not able to take your scheduled exam for any reason. This includes (but is not limited to): arriving late, providing an unacceptable ID, confusion over appointment details, and any technical issues for online testing.

If you do not submit your request within 60 days, you must reapply for the exam with the full fee.

For online proctored exams: You must complete the check-in process no later than 15 minutes after the start of your scheduled exam appointment or your appointment will be declared missed. During the exam check-in process, if there are any technical issues, including an unstable internet connection, or you cannot meet the setup procedures, it may delay the check-in process and/or cause you to miss your scheduled exam. Exams can only be held for 15 minutes past the exam start time, so it is your responsibility to ensure that all necessary check-in steps have been successfully completed prior to that time to begin exam delivery. If you experience internet problems during your exam, such as an unstable internet connection, the exam may not be successfully delivered. If this happens, your exam will be recorded as missed and no refund will be provided.

Missed Exam Appointment Due to Emergency

At discretion, DANB may issue candidates a new 60-day testing window with no additional cost for qualifying emergencies. To submit a request for a new testing window, following an emergency, you must:

1. Access the exam application on your DANB Dashboard by clicking the name of the missed exam, AND
2. Submit a request with a description of your emergency with dated supporting documentation within 60 days of the missed exam appointment.

Requests will be reviewed within 3-5 business days. Approved requests will receive a new 60-day testing window at no additional fee. If an emergency is denied, please see Missed Exam Appointment section above.

Application Statements

Please read the following Application Statements carefully. The Application Statements apply to all DANB-administered national and state-specific exams, certificate and certification renewal applications. The candidate's signature on the application indicates understanding and agreement to be legally bound by these statements.

1. I hereby apply to the Dental Assisting National Board, Inc. (DANB) for examination, a certificate and/or certification, in accordance with and subject to the procedures and policies of DANB and the regulations and requirements of any state agency on behalf of which DANB administers an exam or certificate program. Under penalty of perjury, I declare that the information provided on my application is true. I have read and agree to the requirements and conditions set forth in the DANB application packet, and the Candidate Handbook or State Candidate Handbook if applicable, covering eligibility for and the administration of exams, certificates, the certification process, and DANB policies, including but not limited to DANB's Code of Professional Conduct and DANB's Disciplinary Policy & Procedures. I agree to disqualification from the exam, to denial of an exam result, certificate or certification, and to forfeiture and return to DANB of any exam result, certificate granted me by DANB, in the event that any of the answers or statements made by me in this application are false, or in the event that I violate any DANB rules or policies. I agree to comply with any investigation in which I am named, and I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my eligibility, credentials or professional standing.
2. I hereby release DANB, its directors, officers, examiners and agents from any and all liability arising out of or in connection with any action or omission by any of them in connection with this application, the certification process, any exam administered by DANB, any scoring relating thereto, the failure to issue me an exam result, certificate, or any demand for forfeiture or return of such exam result, certificate, and I agree to indemnify DANB and said persons and hold them harmless from any lawsuit, complaint, claim, loss, damage, cost or expense, including attorneys' fees, arising out of or in connection with said credentialing activities which include all DANB-administered exams and certificates. I UNDERSTAND THAT THE DECISION AS TO WHETHER I HAVE MET REQUIREMENTS FOR ADMISSION TO A DANB-ADMINISTERED EXAM OR RECEIPT OF A DANB-ADMINISTERED EXAM RESULT, CERTIFICATE OR CERTIFICATION RESTS SOLELY AND EXCLUSIVELY WITH DANB AND THAT THE DECISION OF DANB IS FINAL. Notwithstanding the above, should I file suit against DANB, I agree that any such action shall be governed by and construed under the laws of the State of Illinois without regard to conflicts of law. I further agree that any such action shall be brought in the Circuit Court of Cook County in the State of Illinois, or the United States District Court for the Northern District of Illinois; I consent to the jurisdiction of such state and federal courts; and I agree that the venue of such courts is proper. I further agree that should I not prevail in any such action, DANB shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.
3. I understand that except as provided below, this application and any information or material received or generated by DANB in connection with this application or the exam process will be kept confidential and will not be released unless I have authorized such release or the release is required by law. I understand that DANB will verify receipt of any DANB exam application and the date received, on request. I further understand and agree that DANB may also provide verification to anyone by phone, by mail or on DANB's website regarding whether I hold any DANB certifications, any DANB certificates of knowledge-based competence and any state-specific certificates administered by DANB on behalf of a state regulatory body. Phone and mail verification will be provided to anyone upon request and will consist of oral or written confirmation of whether I hold any DANB-administered credentials and the effective dates for each credential. Online verification through DANB's website may consist of online display of my name, the DANB-administered credentials I hold and dates earned, current DANB certification status, and my city and state of residence. My full address will not be posted online by DANB. I further understand and agree that DANB may, from time to time, provide my name, address, phone number to third parties (including but not limited to official DANB affiliates, potential employers; dental conference sponsors; federal, national or state organizations; or legislative committees or task forces proposing or informing stakeholders of legislation). I further understand that this consent will remain in effect unless and until I submit a written request to have this information omitted from release. I understand that if I do not want DANB to display my city and state of residence as part of the online verification process, then I must submit a written request for omission of this information to the following address: DANB Communications Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611. I understand that my name, credentials held [issued by DANB as described above] and current DANB certification status will be displayed for everyone; opting out of display of information is only possible for an individual's city and state.
4. I understand that by providing my email address and phone number on the application form, or by providing it through my online DANB account, I am consenting to receive email or text messages from DANB and its official affiliates related to their products and services or news affecting the oral healthcare profession. I understand that DANB agrees not to provide my email address to any other third party, excluding federal, national or state regulatory bodies, without my consent, and that I can request removal from DANB's email distribution list by following the directions contained in the Privacy Policy section of DANB's Terms and Conditions of Use of DANB.org, located at www.danb.org.
5. I authorize DANB to release my exam results and credential status to state regulatory agencies. Individuals cannot opt out of DANB release of exam results or credential status to state regulatory agencies. I also authorize DANB to use information from my application and exam(s) for statistical analysis, providing that any personal identification is deleted.
6. I understand that I can be disqualified from taking or continuing to sit for an exam, from receiving exam results or certificate and from obtaining certification if DANB determines through proctor observation, statistical analysis or any other means that I was engaged in collaborative, disruptive or other unacceptable behavior before, during the administration of, or following the exam.
7. I understand that the content of all DANB exams is proprietary and strictly confidential information. I hereby agree that I will not disclose, either directly or indirectly, any question or any part of any question from the exam to any person or entity. I understand that the unauthorized receipt, retention, possession, copying or disclosure of any DANB exam materials, including but not limited to the content of any exam question, before, during or after the exam may subject me to legal action. Such legal action may result in monetary damages and/ or disciplinary action including rescinding exam results and denying or revoking certification. I agree to comply with any investigation regarding my behavior, acts or omissions, related to DANB exams, certificates and/or certifications.
8. I understand that for each application submitted, DANB will process the appropriate payment. If I fail to show up for an exam for which I have applied, and there is no documented DANB-accepted emergency, and I failed to comply with DANB cancellation policies, I am still obligated to pay the full exam fee. I further understand that taking the exam and then revoking payment constitutes the wrongful use of DANB products and services and I may be subjected to legal action. I am obligated to pay for the exam whether I pass or fail. I agree not to dispute the exam fee. Exam results will be rescinded if the exam fee is not paid in full.



CDIPC Exam – Pathway I

Experience Option 1: Performing infection prevention and control*

2023 Employer Work Experience Statement

This form will be accepted through December 31, 2023.

**Performing infection prevention and control protocols based on these guidelines and standards in a dental setting (e.g., dental assistant; dental hygienist; or licensed, registered or certified healthcare professional)*

Please complete this fillable form OR print with a pen and scan for uploading. The form must be filled out completely or application will be incomplete. Please note: If you are not currently employed, you may still apply to test and have a prior employer complete the form.

Name of Exam Candidate: _____

Name of Dental Practice/Organization _____

Address _____

City _____ State ____ Zip _____

Supervisor Name _____

Supervisor Title _____

Supervisor Direct Office Phone or Work Cell _____

Supervisor Email (for verification, if needed) _____

I hereby attest that the above-named candidate has a minimum of 1,040 hours of work experience performing infection prevention and control protocols based on U.S. federal infection prevention and control guidelines and standards in a dental setting within the previous 3 years. I am verifying all employment even if the candidate has worked for other employers in prior years.

Dates candidate has been employed in this role: From ____ / ____ to ____ / ____
If still currently employed, please write "present" next to "to" field, or enter today's month/year
Month Year Month Year

Dates of previous employment (if applicable): From ____ / ____ to ____ / ____
Month Year Month Year

Signature of Supervisor _____ Date: ____ / ____ / _____



CDIPC Exam – Pathway I
Experience Option 2: Supervisor*
2023 Employer Work Experience Statement
 This form will be accepted through December 31, 2023.

**Supervising individuals who implement these guidelines and standards in a dental setting (e.g., dentist, dental office manager)*

Please complete this fillable form OR print with a pen and scan for uploading. The form must be filled out completely or application will be incomplete. Please note: If you are not currently employed, you may still apply to test and have a prior employer complete the form.

Name of Exam Candidate: _____

Name of Dental Practice/Organization _____

Office Phone _____

Address _____

City _____ State _____ Zip _____

Supervisor/Practice Owner Name* _____

Supervisor/Practice Owner Title* _____

Supervisor/Practice Owner Direct Office Phone or Work Cell* _____

Supervisor/Practice Owner Email (for verification, if needed)* _____

**If the exam candidate is the practice/organization owner and has no supervisor, write "N/A: Self Employed."*

I hereby attest that the above-named candidate has a minimum of 1,040 hours of work experience supervising individuals who implement U.S. federal infection prevention and control guidelines and standards in a dental setting within the previous 3 years. I am verifying all employment even if the candidate has worked for other employers in prior years.

Dates candidate has been employed in this role: From ____ / ____ to ____ / ____
If still currently employed, please write "present" next to "to" field, or enter today's month/year
Month Year Month Year

Dates of previous employment (if applicable): From ____ / ____ to ____ / ____
Month Year Month Year

Signature of Supervisor _____ Date: ____ / ____ / ____

If you have no supervisor, please sign the attestation statement below.

I attest that, under penalty of perjury and potential revocation of any earned certification, that I have performed at least 1,040 hours of work experience within the previous 3 years performing infection prevention and control protocols based on U.S. federal infection prevention and control guidelines and standards in a dental or educational setting.

Signature of Exam Candidate _____ Date: ____ / ____ / ____



CDIPC Exam – Pathway I
Experience Option 3: Educator or Consultant*
 2023 Employer Work Experience Statement
 This form will be accepted through December 31, 2023.

**Providing education or consulting services on these guidelines and standards in a dental setting (e.g., faculty teaching dental infection prevention and control, company educators, consultants)*

Please complete this fillable form OR print with a pen and scan for uploading. The form must be filled out completely or application will be incomplete. Please note: If you are not currently employed, you may still apply to test and have a prior employer complete the form.

Name of Exam Candidate _____

Name of Educational Institution/Company _____

Address _____

City _____ State ____ Zip _____

Supervisor/Owner Name* _____

Supervisor/Owner Title* _____

Supervisor/Owner Direct Office Phone or Work Cell* _____

Supervisor/Owner Email (for verification, if needed)* _____

**If the exam candidate is the company owner and has no supervisor, write "N/A: Self Employed."*

I hereby attest that the above-named candidate has a minimum of 1,040 hours of work experience providing education or consulting services on U.S. federal infection prevention and control guidelines and standards in a dental setting within the previous 3 years. I am verifying all employment even if the candidate has worked for other employers in prior years.

Dates candidate has been employed in this role: From ____ / ____ to ____ / ____
If still currently employed, please write "present" next to "to" field, or enter today's month/year
Month Year Month Year

Dates of previous employment (if applicable): From ____ / ____ to ____ / ____
Month Year Month Year

Signature of Supervisor _____ Date ____ / ____ / _____

If you have no supervisor, please sign the attestation statement below.

I attest that, under penalty of perjury and potential revocation of any earned certification, that I have performed at least 1,040 hours of work experience within the previous 3 years performing infection prevention and control protocols based on U.S. federal infection prevention and control guidelines and standards in a dental or educational setting.

Signature of Exam Candidate _____ Date ____ / ____ / _____



CDIPC Exam – Pathway I Experience Option 4: Investigator/Inspector*

2023 Employer Work Experience Statement

This form will be accepted through December 31, 2023.

**Healthcare professionals (e.g., D.D.S.; D.M.D.; RDH; certified, registered, and/or licensed dental assistant; or licensed, registered or certified healthcare professional) who investigate or inspect dental settings for compliance with federal infection prevention and control guidelines and standards on behalf of government, regulatory, accrediting, or public health authorities*

Please complete this fillable form OR print with a pen and scan for uploading. The form must be filled out completely or application will be incomplete. Please note: If you are not currently employed, you may still apply to test and have a prior employer complete the form.

Name of Exam Candidate _____

Name of Government Agency/Accrediting Body _____

Address _____

City _____ State ____ Zip _____

Supervisor Name _____

Supervisor Title _____

Supervisor Direct Office Phone or Work Cell _____

Supervisor Email (for verification, if needed) _____

I hereby attest that the above-named candidate has a minimum of 1,040 hours of work experience investigating or inspecting dental settings for compliance with federal infection prevention and control guidelines and standards on behalf of government, regulatory, accrediting, or public health authorities within the previous 3 years. I am verifying all employment even if the candidate has worked for other employers in prior years.

Dates candidate has been employed in this role:

If still currently employed, please write "present" next to "to" field, or enter today's month/year

From ____ / ____ to ____ / ____
Month Year Month Year

Dates of previous employment (if applicable):

From ____ / ____ to ____ / ____
Month Year Month Year

Signature of Supervisor _____ Date ____ / ____ / ____