

# Healthcare-Associated Infections & Antimicrobial Resistance Program



## Kansas Reimbursement Program for Infection Prevention Certification

Are you among the growing number of infection preventionists interested in taking the next step in their careers by becoming certified in infection prevention and control? The Kansas Department of Health and Environment's Healthcare-Associated Infections and Antimicrobial Resistance Program and the Kansas Healthcare Collaborative have once again partnered to provide reimbursement assistance to candidates who successfully complete the Certification in Infection Prevention and Control, or CIC<sup>®</sup>.

Through this program, our aim is to support infection preventionists in mastering knowledge of infection prevention. The CIC<sup>®</sup> credential shows a commitment to best practices in infection prevention and control and improved patient care. It also is a strong signal to your employer and colleagues that you are committed to your professional growth.

### Eligibility Criteria:

- Applications will be reviewed on a first applied, first served basis. Presently, reimbursements are limited to the first 25 eligible applicants (limit \$350).
- Applicants must provide proof of a passing completion of examination and receipt of examination cost.
- Applicants must be certifying for the first time, this funding is not applicable for re-certification costs.
- Individual has not received other funding in support of the reimbursement request in this application for funding (e.g. employer, grant funding).

### To apply:

1. Complete this application form (Application due before July 31st, 2019).
2. Attach receipts for certification exam cost.
3. Provide proof of successful completion of certification process.

### *Sponsored by:*



If you have questions, please contact: Bryna Stacey, [bryna.stacey@ks.gov](mailto:bryna.stacey@ks.gov)

**Kansas Reimbursement Program for Infection Prevention Certification**

This program provides a one-time reimbursement, of up to \$350, for infection preventionists to support certification from the Certification Board of Infection Control and Epidemiology ([www.cbic.org/certification/candidate-handbook/eligibility-requirements](http://www.cbic.org/certification/candidate-handbook/eligibility-requirements)). Presently, reimbursements are limited to the first 25 eligible applicants. This program is sponsored by funding from the Kansas Department of Health and Environment and Kansas Healthcare Collaborative.

**Personal Information**

First Name:		Last Name:	
Facility Name:		Title:	
Mailing Address:			
City:		State:	Postal Code:
Email:		Phone # (Day): Other:	

**Employment Information**

Are you currently working as an Infection Preventionist?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment Setting (Please check one)	Role(s) within Organization (Please check all that apply)
<input type="checkbox"/> Acute Care Facility <input type="checkbox"/> Critical Access Hospital <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Infection Prevention <input type="checkbox"/> Risk Management <input type="checkbox"/> Quality <input type="checkbox"/> Staff Development <input type="checkbox"/> Employee Health <input type="checkbox"/> Other (specify): _____

Certification Date: \_\_\_\_\_

I certify that the enclosed information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I am aware I may be asked to participate in a follow-up evaluation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please return to:**  
 Attention: Bryna Stacey  
 Kansas Department of Health and Environment  
 Healthcare-Associated Infections & Antimicrobial Resistance Program  
 1000 SW Jackson, Suite 075  
 Topeka, KS 66612-1274

Fax: 877-427-7317