Form 1IC

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
Registration/Fee Unit
89 Washington Avenue
Albany, NY 12234-1000

ATTESTATION OF INFECTION CONTROL TRAINING

INSTRUCTIONS

Complete Items 1-8 and return this form to the address printed above. Keep a photocopy of this completed and signed form with other pertinent documentation (i.e. copy of any course completion certificate) in your personal files.

1 SOCIAL SECURITY NUMBER

(Leave this blank if you do not have a U.S. Social Security Number)

2 BIRTH DATE

mo . day yr.

3 PRINT FULL NAME EXACTLY AS IT APPEARS ON YOUR APPLICATION

Last

First

Middle

4 LICENSE NUMBER

5 ADDRESS

Apt./Bldg.

Street

City

State

Zip Code

Province/Country If not U.S.

6 CHECK YOUR PROFESSION

- ☐ DENTISTRY
- ☐ DENTAL HYGENE
- ☐ LIC. PRACT. NURSING
- ☐ REG. PROF. NURSING
- ☐ NURSE PRACTITIONER
- ☐ OPTOMETRY
- ☐ PODIATRY

7 **INFECTION CONTROL TRAINING**

Complete **either** section 1 or section 2 below:

Section 1. COMPLIANCE BY COMPLETION OF APPROVED COURSE WORK.

☐ Within the four years prior to the date of this attestation I completed approved infection control course work appropriate to my professional practice given by:

_____ _____ / _____ / _____
Provider name *mo. day yr.*

Section 2. EXEMPTION BASED ON LOCATION, NATURE OF PRACTICE, OR EQUIVALENT COURSE WORK. (check one)

☐ (a) I will not be engaged in the practice of my profession within New York State during the period indicated on my registration application.

OR

☐ (b) The nature of my practice does not require the use of infection control techniques or barrier precautions.

I understand that, if I return to my professional practice in New York State or change the nature of my practice thus requiring the use of infection control techniques, I will inform the Education Department in writing within 30 days and, within 90 days of the change in practice, both obtain the required course work and notify the Department of my compliance with this requirement.

OR

☐ (c) **I am exempt** from the infection control course work requirement for the duration of my next registration period **because**, within the four years prior to the date of this attestation, **I completed infection control course work appropriate to my professional practice that covered all six core elements cited in the instructions**. I will maintain, for the next four years, documentation of the infection control course content, including syllabi and curricular materials, and, if training was taken outside a professional program, a certification of course work completion that is dated and signed by the provider. I completed this course work given by:

_____ _____ / _____ / _____
Provider name *mo. day yr.*

8 **I swear that this attestation is true and I understand that any false statement may be considered fraud or perjury and a form of professional misconduct which will result in disciplinary action against my professional license by the New York State Education Department.**

_____ _____ / _____ / _____
Signature *mo. day yr.*