The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Form 1IC
Attestation of Infection Control Training

Instructions

Complete items 1-7. Be sure to sign and date item 8. Submit the completed form along with any other required documentation (i.e. copy of any course completion certificate) to the address at the end of the form. Make sure to keep a photocopy of this form for your personal files.

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

2. Birth Date Month Day Year

3. Print Name Last

First

Middle

5. License Number

Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.

4. Mailing Address ☐ Home or ☐ Business
(You must notify the Department promptly of any address or name changes)

Line 1

Line 2

Line 3

City

State ZIP Code

Country/ Province

6. Check your profession

- ☐ Dental Hygiene
- ☐ Dentistry
- ☐ Licensed Practical Nursing
- ☐ Nurse Practitioner
- ☐ Optometry
- ☐ Podiatry
- ☐ Registered Professional Nursing

7. **Infection Control Training** (Complete either Section I or II below.)

Section I - Compliance by Completion of Approved Coursework

☐ within the four years prior to the date of this attestation, I completed approved infection control coursework appropriate to my professional practice given by:

Provider name _____ Date ____ mo. ____ day ____ yr.

Section II - Exemption Based on Location, Nature of Practice, or Equivalent Course Work (Check **only** 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.

☐ 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 coursework and notify the Department of my compliance with this requirement.

☐ c. I am exempt from the infection control coursework 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 coursework appropriate to my professional practice that covered all seven 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 the professional program, a certification of coursework completion that is dated and signed by the provided. I completed this coursework given by:

Provider name _____ Date ____ 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 _____ Date _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Registration and Fee Unit, 89 Washington Avenue, Albany, NY 12234-1000.