

# FORM 1

ACIPC – Recredentialing Package



# ACIPC

Australasian College  
for Infection Prevention and Control

## APPLICATION FORM AND DECLARATION

Please indicate the level of recredentialing you are applying for:

CICP-P (Primary)

CICP-A (Advanced)

CICP-E (Expert)

### Personal Details

Name:

Preferred Postal Address:

Home Phone:

Mobile Phone:

Personal Email Address:

### Work Details

Place of Employment:

Work Address:

Work Phone:

Work Email Address:

### Declaration

I,  
state that the details documented in this application are true and correct.

I also state that I am not currently subject to any outstanding legal or disciplinary actions associated with my professional practice.

I further understand that the information provided in this application may be verified by ACIPC and may be used to evaluate the credentialing process.

I agree that my name (as a CICP) and professional profile will be posted to the ACIPC website and profiled in ACIPC communications.

Signed:

Date:

Open the PDF with **Acrobat Reader DC** (latest free version)

**TO SUBMIT YOUR COMPLETED FORM:**

Fill out form, once completed: Select **File** > Select **Save As** > Save to Desktop

Email your completed application to [office@acipc.org.au](mailto:office@acipc.org.au)

Or, Print out and post your completed application to **ACIPC** 6/152 Macquarie St Hobart, 7000 Tasmania