

FORM 1

ACIPC – Credentialling Package



ACIPC

Australasian College
for Infection Prevention and Control

APPLICATION FORM AND DECLARATION

Please indicate the level of credentialling 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 credentialling 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