



APPLICATION BOOKLET

Council-certified Environmental Infection Control Investigator

CEICI

INSTRUCTIONS:

Candidates for the CEICI must complete **three tasks** in order to become certified by the American Council for Accredited Certification:

- 1) Submit an eligible application (typed or neatly printed).
- 2) Pass the CEICI examination with a score of 75% or better
- 3) Await board review of the completed application

Task #1: The application packet

This booklet contains all the information and forms necessary for the first task: completion of the application packet. In order to apply, please take the following steps:

1. _____ Determine your eligibility by reading the program description carefully (pp. 2-7).
2. _____ Complete, sign and notarize the application form (pp. 8-9).
3. _____ Attach copies of college transcripts if you claim college credit as part of your application.
4. _____ Attach a signed, notarized employer affidavit for projects where you worked as an employee (p. 10). Not applicable to employers or self-employed individuals.
5. _____ Complete four verifiable project sheets (pp. 11-14). Employers and self-employed individuals must list contacts for telephone verification.
6. _____ Attach the application fee (credit card payments are also accepted in the Council office via phone or fax).

Task #2: The CEICI examination

Once your completed application (including payment) is on file with the Council office, you may register for the CEICI exam by calling (888) 808-8381. The Council staff will assist you in selecting a testing center near you. For an updated list of exam topics and item references to use in test preparation, visit www.acac.org.

Task #3: Board review

Following a successful examination, the Council staff forwards the complete, eligible application to the CEICI certification board. You will be notified within approximately two weeks after the board reviews your application.

NOTE: IT IS THE CANDIDATE'S RESPONSIBILITY TO ENSURE THAT HIS OR HER APPLICATION IS COMPLETE AND ELIGIBLE. Incomplete files will not be forwarded to the board for review. Please call the Council if you need assistance in determining your eligibility or in completing the application packet.

Program Description

The American Council for Accredited Certification offers the Council-certified Environmental Infection Control Investigator (CEICI) to individuals with expertise in the fundamental principles of environmental infection control.

Objectives of the CEICI Program:

- To raise the standards of those engaged in infection control investigation in healthcare and other environmental settings.
 - To identify persons with acceptable knowledge of environmental infection control and the standards and regulations affecting Council-certified Environmental Infection Control Investigators.
 - To award special recognition to those environmental infection control professionals who have demonstrated verifiable field experience.
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Eligibility:

Applicants for the CEICI certification must demonstrate academic- and experience-related eligibility.

Applicants must possess one of the following combinations of two (2) years education and relevant field experience:

- A 2-year post-secondary degree or its equivalent (15 credit hours) in engineering, science, architecture, industrial hygiene or related field of science with a minimum of one (1) years of documented field experience in environmental infection control investigation.
 - No degree, with at least two (2) years of documented field experience in environmental infection control investigation. (High school diploma or GED required.)
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The Required Body of Knowledge:

The effective practice of environmental infection control investigation requires specialized knowledge of a variety of subjects, including current standards and best practices. For certification purposes, the candidate for the CEICI designation must demonstrate familiarity with the basic concepts and reference materials of the industry, such as those summarized in the following list.

- CDC, *Guideline for Environmental Infection Control in Health-Care Facilities* (2003)
 - AIA, *Guidelines for Design and Construction of Healthcare Facilities* (2006)
 - ASHRAE, Standard 170-2008: *Ventilation of Healthcare Facilities* (2008)
 - 29 CFR 1910.1030, *Bloodborne Pathogens*
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The Required Skills:

A Council-certified Environmental Infection Control Investigator (CEICI) has demonstrated the following skills through a combination of documented experience, documented education and training and the successful completion of an examination process.

Infectious Diseases and Their Modes of Transmission in the Healthcare Setting

- Apply scientific knowledge of infectious diseases and their modes of transmission to infection control activities in healthcare and other institutional settings.

Principles of Infection Control During Construction, Demolition and Renovation

- Understand the impact of HVAC systems on infection control during construction, demolition and renovation activities.
- Understand the impact of filtration systems on infection control during construction, demolition and renovation activities.
- Understand the impact of UV air cleaning systems on infection control during construction, demolition and renovation activities.
- Understand the behavior of conditioned air in occupied spaces and its impact on infection control during construction, demolition and renovation activities.
- Understand the impact of water systems on infection control during construction, demolition and renovation activities.

Infection Control Project Management

- Assemble an interdisciplinary project management team for purposes of infection control during construction, renovation and demolition activities in the institutional setting.
- Assemble an Infection Control Risk Assessment (ICRA) panel
- Perform an Infection Control Risk Assessment (ICRA) for use during construction, renovation and demolition activities.

Effective Infection Control Practices

- Conduct appropriate and effective containment engineering during construction, renovation and demolition activities.
- Implement appropriate infection control practices for air handling systems during construction, renovation and demolition activities.
- Conduct appropriate and effective environmental sampling during construction, renovation and demolition activities.
- Implement appropriate infection control practices in Protective Environment (PE) rooms, Airborne Infection Isolation (AII) rooms and Operating Rooms (OR) rooms during construction, renovation and demolition activities.
- Employ effective cleaning procedures for environmental surfaces during construction, renovation and demolition activities.
- Implement effective infection control practices for water handling systems during construction, renovation and demolition activities.

The Certification Process:

1. Complete and forward the notarized application and project sheets and a copy of diploma or transcripts. Incomplete applications will not be forwarded to the Certification Board for review.
2. Pass the closed-book examination.
 - a) If the examination is not successfully passed, a mandatory 30-day waiting period and re-examination fee of \$100 is required before retaking the examination.
 - b) If the second examination is not successfully passed, a mandatory 60-day waiting period and re-examination fee of \$100 is required before retaking the examination.
 - c) If the third examination is not successfully passed, a mandatory 90-day waiting period and re-examination fee of \$100 is required before retaking the examination.
 - d) Additional attempts are not permitted beyond the fourth examination.
3. Applicants have up to 2 years from the date of their examinations to complete the application process. Examination results for applications left incomplete after two years will be considered null and void.
4. Wait for the awarding of the certification. The Certification Board will meet approximately every four (4) weeks to review the examination results and supporting materials before voting to award the certification.

The Application:

The Application Form provides an area for contact information, academic information and experience background. We strongly recommend a notarized application be sent to the Council office prior to the examination, so that the certification staff may prepare the applicant's file for Board review.

Required Documentation:

The applicant must provide documentation of a) education and b) field experience in conducting environmental infection control investigations. Required forms of documentation include:

- College transcripts and diplomas, if the application relies upon college credit;
- Project documentation forms (included in this application packet);
- Employer affidavits for projects on which the candidate worked as an employee (included in this application packet).

The application packet must include four project sheets, at least one of which must date from the first year of experience claimed.

The CEICI Examination:

1. The applicant must complete a 3-hour, closed-book, written examination. The examination questions are based on the listed core skills and required body of knowledge. For an updated list of exam topics and item references to use in test preparation, visit www.acac.org.
 2. The examination is closed-book! It is strongly recommended that candidates read the reference materials listed above before taking the examination.
 3. There are 100 questions on the examination. Each question is multiple-choice with at least four (4) possible answers. A score of 75% must be achieved to pass this examination.
 4. The examination is delivered electronically at an authorized testing center operated by Kryterion, Inc. There are no paper exams. Once a complete application packet is on file in the Council office, the candidate may register for the examination by calling the office at (888) 808-8381.
 - Candidates should arrive 30 minutes before the testing appointment.
 - Candidates must present two forms of government-issued identification at the testing center, one of which must be picture ID.
 - Candidates must follow proctor instructions with regard to the use of personal belongings and test materials.
 - Candidates failing to abide by these rules will not be permitted to sit for the exam, and a re-examination fee of \$100 will be required.
 5. All examinations contain the same questions; however, the examination questions are presented to each candidate in random order and the examination answers are presented to the candidate in random order.
 6. Examinations are graded electronically at the testing facility, and scores are available to candidates immediately. An email is sent to the candidate's email address confirming test results.
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The Certifying Body:

1. The American Council for Accredited Certification (ACAC) is the certifying body for this program.

2. All decisions regarding application materials, examinations and the awarding of certifications are made by the CEICI Certification Board, which functions as part of the American Council for Accredited Certification.
3. The certifying body's responsibility to applicants is to provide a credible certification. Operation of the certification program is closely monitored to ensure that reference materials remain current with the industry guidelines and standards and the eligibility requirements for certification are at appropriate levels. Examination questions are developed by certified CEICIs who are currently active in the field of environmental infection control investigation. Pass/fail scores are set by the CEICI Certification Board at the ACAC annual meeting using the modified Angoff method. The Board authorizes an annual statistical review of examination item performance and test reliability and updates the examination to reflect the latest changes in our rapidly evolving field.
4. The CEICI certification is valid for two (2) years, after which time re-certification is required.
5. Certification Board members are required to abstain from voting on any applicant's completed file that may present a conflict of interest, either personally or professionally.

Re-certification:

ACAC certifications are current for two years from the date of issue. The certificate holder must accumulate forty (40) Re-certification Credits (RCs) prior to the certificate's expiration date. Each RC represents one (1) hour of continuing education in a Council-registered activity. The certificate holder may accumulate the required 40 hours at any time during the two-year certification period. An updated list of activities which qualify for RCs is available on the ACAC website at www.acac.org.

Due Process Procedures:

1. The CEICI Certification Board is responsible for all facets of the certification program, including the review and evaluation of applications, the development and administration of examinations, the granting and reissuing of certificates and the adjudication of complaints against certificants.
2. **Suspensions:** If a Council-certified Environmental Infection Control Investigator does not accumulate the required re-certification credits, certification shall terminate unless, in the judgment of the Certification Board, extenuating circumstances exist and the deficiency can be readily overcome. Examples of extenuating circumstances include documentation of active military service or documentation of a serious medical condition.
3. **Complaints:** If a Council-certified Environmental Infection Control Investigator fails to abide by the ACAC Code of Conduct or is formally accused of gross negligence in the performance of his or her professional duties, the Certification Board may vote to refuse re-certification.
4. **Appeals:** Any holder of a valid Council certification or applicant for such a certification may appeal the decisions of the Certification Board.
5. Complaints or appeals shall be made in writing via certified mail to the Certification Administrator.
6. The Certification Administrator shall forward complaints or appeals to the appropriate Certification Board.
7. The Certification Board shall rule on all complaints or appeals by unanimous vote.
8. Complaints or appeals may be continued in writing via certified mail to the National Advisory Board.
9. The National Advisory Board shall be the final court of appeal and will rule on complaints or appeals by unanimous vote.

Reinstatement of the CEICI:

Council-certified Environmental Infection Control Investigators who do not acquire sufficient CEICI Re-certification Credits by their recertification date will be notified in writing to cease using the CEICI designation. They will be listed as expired on the Council website and will no longer be listed as a CEICI in any ACAC publication until such time as they resubmit to the certification process and successfully meet the current criteria for certification. Appropriate fees will apply.

Fees:

Corporate purchase orders, checks, Visa, MasterCard and American Express are accepted.

Certification Fee: \$300 for a two-year certification

- Certification fee includes a \$100 non-refundable processing fee.

Examination Fee: \$100

- Examination and certification fees are required prior to taking examinations.

Re-certification Fee: \$300

- Re-certification is for a two-year period and requires documentation of continuing education. Re-certification fees include a \$100 non-refundable processing fee.

Re-examination Fee: \$100.

- For those who failed a previous exam

Penalties: \$50 for late re-certification.

- May be waived in case of documented active military duty or medical issues

Emeritus (Retired) Status:

1. Retired Council-certified Environmental Infection Control Investigators who are at least 62 years of age may be granted emeritus status in their designation as long as they are no longer engaged in professional practice as a CEICI. Such persons will be granted the title "Emeritus".
2. Re-certification Fees for Emeritus (Retired) Status: **\$50 USD** for each two-year certification.
 - A photocopy of a current driver's license must accompany the request for Emeritus Status.
3. Continuing education is not required.
4. To return to active status, emeritus certificants must notify the ACAC in writing and pay a \$50 fee for a two-year active certification. At the end of the two-year period, all normal re-certification policies will apply.

Use of the CEICI Designation:

- A Council-certified Environmental Infection Control Investigator may use the designation with his/her name on organization letterheads, business cards and all forms of address. When using the CEICI designation, we encourage the spelling out of the designation fully in smaller print immediately below the signature block, as in the following example:

John Doe, CEICI
Council-certified Environmental Infection Control Investigator
Board-awarded by the American Council for Accredited Certification

- Certification is for individuals only. The CEICI designation may not be used to imply that an organization or firm is certified.

ACAC Code of Conduct:

- **Objective**

The objective of this code is to provide standards of appropriate conduct for the certificants of the American Council for Accredited Certification as they engage in their individual professions.

- **Rules of Conduct**

Certificants of the American Council for Accredited Certification shall:

- Practice their respective professions following accepted industry standards and guidelines.
- Exercise caution not to misrepresent their credentials, training or experience in the course of their professional activities.
- Deal responsibly in advising parties regarding potential damage to property and/or risk to health.
- Maintain confidentiality concerning both personal and business information gathered in the performance of their professions, except in the case of overriding legal and/or health concerns.
- Avoid instances where potential conflict of interest or compromise of professional judgment may occur.
- Act with integrity to uphold the standards of their profession and of the Council and avoid any conduct that could adversely reflect on the Council and its certificants.

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We reserve the right to change/update our certification examination material, eligibility requirements and re-certification requirements at anytime we deem necessary to maintain the professional integrity and validity of our certification.

Updated: 7-31-09



OFFICIAL APPLICATION
Council-certified Environmental
Infection Control Investigator

CEICI

Mail completed applications to The American Council for Accredited Certification, PO Box 11599
 Glendale, AZ 85318-1599. Each packet must include:

- A signed, notarized application form.
- Four signed project sheets.
- A notarized employer affidavit for projects you worked on as an employee. (Not applicable to self-employed contractors or company owners)
- A check or money order for the application fee. (Credit card payments accepted by phone)

Staff Use Only	
Received by	Date
Verified by	Date
Verified by	Date
Payment type	Amount

The CEICI Certification Board will treat the information in this application as confidential.

CONTACT INFORMATION

Full Name:

Complete Home Address:

Home Phone:

Email Address:

Last 4 Digits of SSN:

Professional Title:

Company Name:

Complete Business Address:

Business Phone:

Business FAX:

Company URL:

Address for Correspondence:

_____ **Home**

_____ **Business**

Prep Course Provider:

Prep Course Site and Date:

Licenses and Designations:

Please list or describe any professional designations, licenses or registrations currently held, and the circumstances under which any such titles have been denied or revoked.

ELIGIBILITY

The CEICI requires a combined two (2) years of post secondary science-related education and relevant field experience. Education should include disciplines related to infection control. Experience should include investigations, project management and/or report writing in areas related to infection control.

EDUCATION

High School/GED:

City and State:

Year of Graduation:

College/University:

City and State:

Degree and Year:

Major:

YEARS OF ENVIRONMENTAL INFECTION CONTROL FIELD EXPERIENCE: _____

Please briefly describe your work experience in environmental infection control, describing the type of experience gained:

AFFIDAVIT: By signing this application, I make the following statements:

- I am aware of and abide by all local, state and Federal regulations governing asbestos, lead and other hazardous materials.
- I agree to comply with the ACAC code of conduct and pledge myself to the highest ethical standards.
- I agree to restrict my use of the CEICI to the activities for which certification has been granted.
- I agree to refrain from using the CEICI in such a manner as to bring the ACAC into disrepute.
- I agree to refrain from making any statements regarding the CEICI which the ACAC may consider misleading or unauthorized.
- I agree to refrain from using the CEICI in a misleading manner.
- I understand that the CEICI certificate remains the property of the ACAC.
- I agree to discontinue the use of all claims to the certification in the event that it is suspended or withdrawn and to return the CEICI certificate promptly to the ACAC.
- I understand that the application fee is non-refundable.
- I agree to indemnify and hold harmless the ACAC and all its agents and employees from and against any liability whatsoever in connection with this application, the CEICI examination and/or the granting of or failure to grant certification.

Applicant Signature: _____ **Date:** _____

Notary Public: _____ **Exp. Date:** _____

Notary Seal/Stamp: _____ **Date:** _____

Incomplete application packets will not be forwarded to the Board for review.



AFFIDAVIT OF FIELD EXPERIENCE

American Council for Accredited Certification

I understand that _____ (the CANDIDATE) is applying to the American Council for Accredited Certification for the following certification:

Council-certified Environmental Infection Control Investigator (CEICI)

I hereby attest to the Candidate's direct involvement in the following projects (please list projects by the name used to identify them on the Candidate's Project Sheets):

1. _____
2. _____
3. _____
4. _____

By signing this form, I make the following statements:

- The Candidate worked under my supervision on the projects listed above.
- The information contained in the attached project sheets is, to the best of my knowledge, a true and correct account of the Candidate's direct participation in these projects.

I understand that this information will be treated as confidential by the Council for Accredited Certification.

Signature Date

Name (Please print or type)

Company and Title

Phone email

Notary Public Date

Notary Seal or Stamp

American Council for Accredited Certification – Project Sheet

This form is one of FOUR project sheets that must be submitted with your application to fulfill the experience requirement. Each project sheet must name an individual (the verification contact or employer) who is qualified to attest to your involvement in the project. Please fill out this form completely – **all fields are required**. Mail completed forms to The American Council for Accredited Certification, PO Box 11599, Glendale, AZ 85318-1599. The Council will treat the information in this project sheet as confidential.

Applicant's Name: Address: City/State: Phone Number:	For staff use only: Verified (date): _____ Staff initials: _____
Verification Contact (or Employer) Name: Company/Title: Phone Number: Contact (or Employer) Email Address:	Licenses applicable to this project: _____ _____ _____ _____ _____ _____
Project Name: Project Address: Type & Size of Facility: Start Date of Project (mm/yyyy):	

Project Summary

Applicant's title/duties on the project: _____

In the space below, provide THREE details: 1) a summary of the problem, 2) a detailed explanation of **your personal responsibilities** on the project and 3) a brief statement of the outcome of the project. Please do not include the client's confidential report.

Applicant Signature:

I hereby attest that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

American Council for Accredited Certification – Project Sheet

This form is one of FOUR project sheets that must be submitted with your application to fulfill the experience requirement. Each project sheet must name an individual (the verification contact or employer) who is qualified to attest to your involvement in the project. Please fill out this form completely – **all fields are required**. Mail completed forms to The American Council for Accredited Certification, PO Box 11599, Glendale, AZ 85318-1599. The Council will treat the information in this project sheet as confidential.

Applicant's Name: Address: City/State: Phone Number:	For staff use only: Verified (date): _____ Staff initials: _____
Verification Contact (or Employer) Name: Company/Title: Phone Number: Contact (or Employer) Email Address:	Licenses applicable to this project: _____ _____ _____ _____ _____ _____
Project Name: Project Address: Type & Size of Facility: Start Date of Project (mm/yyyy):	

Project Summary

Applicant's title/role on the project: _____

In the space below, provide THREE details: 1) a summary of the problem, 2) a detailed explanation of **your personal responsibilities** on the project and 3) a brief statement of the outcome of the project. Please do not include the client's confidential report.

Applicant Signature:

I hereby attest that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

American Council for Accredited Certification – Project Sheet

This form is one of FOUR project sheets that must be submitted with your application to fulfill the experience requirement. Each project sheet must name an individual (the verification contact or employer) who is qualified to attest to your involvement in the project. Please fill out this form completely – **all fields are required**. Mail completed forms to The American Council for Accredited Certification, PO Box 11599, Glendale, AZ 85318-1599. The Council will treat the information in this project sheet as confidential.

Applicant's Name: Address: City/State: Phone Number:	For staff use only: Verified (date): _____ Staff initials: _____
Verification Contact (or Employer) Name: Company/Title: Phone Number: Contact (or Employer) Email Address:	Licenses applicable to this project: _____ _____ _____ _____ _____ _____
Project Name: Project Address: Type & Size of Facility: Start Date of Project (mm/yyyy):	

Project Summary

Applicant's title/role on the project: _____

In the space below, provide THREE details: 1) a summary of the problem, 2) a detailed explanation of **your personal responsibilities** on the project and 3) a brief statement of the outcome of the project. Please do not include the client's confidential report.

Applicant Signature:

I hereby attest that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

American Council for Accredited Certification – Project Sheet

This form is one of FOUR project sheets that must be submitted with your application to fulfill the experience requirement. Each project sheet must name an individual (the verification contact or employer) who is qualified to attest to your involvement in the project. Please fill out this form completely – **all fields are required**. Mail completed forms to The American Council for Accredited Certification, PO Box 11599, Glendale, AZ 85318-1599. The Council will treat the information in this project sheet as confidential.

Applicant's Name: Address: City/State: Phone Number:	For staff use only: Verified (date): _____ Staff initials: _____
Verification Contact (or Employer) Name: Company/Title: Phone Number: Contact (or Employer) Email Address:	Licenses applicable to this project: _____ _____ _____ _____ _____ _____
Project Name: Project Address: Type & Size of Facility: Start Date of Project (mm/yyyy):	

Project Summary

Applicant's title/role on the project: _____

In the space below, provide THREE details: 1) a summary of the problem, 2) a detailed explanation of **your personal responsibilities** on the project and 3) a brief statement of the outcome of the project. Please do not include the client's confidential report.

Applicant Signature:

I hereby attest that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____