



**CDIPC Pretest Exam—Pathway I
Experience Option 3: Educator or Consultant*
2021 Employer Work Experience Statement**

This form will be accepted through June 30, 2021.

**Providing education or consulting services on these guidelines and standards in a dental setting (e.g., faculty teaching dental infection prevention and control, company educators, consultants)*

Please complete this fillable form OR print with a pen and scan for uploading. The form must be filled out completely or application will be incomplete. **Please note:** If you are not currently employed, you may still apply to test and have a prior employer complete the form.

Name of Exam Candidate: _____

Name of Educational Institution/Company _____

Address _____

City _____ State _____ Zip _____

Supervisor/Owner Name* _____

Supervisor/Owner Title* _____

Supervisor/Owner Direct Office Phone or Work Cell* _____

Supervisor/Owner Email (for verification, if needed)* _____

**If the exam candidate is the company owner and has no supervisor, write "N/A: Self Employed".*

I hereby attest that the above-named candidate has a minimum of 1,040 hours of work experience providing education or consulting services on U.S. federal infection prevention and control guidelines and standards in a dental setting within the previous 3 years. I am verifying all employment even if the candidate has worked for other employers in prior years.

Dates candidate has been employed in this role: From ___ / ___ to ___ / ___

Dates of previous employment (if applicable): From ___ / ___ to ___ / ___

Signature of Supervisor _____

Date: ___ / ___ / ___

If you have no supervisor, please sign the attestation statement below.

I attest that, under penalty of perjury and potential revocation of any earned certification, that I have performed at least 1,040 hours of work experience within the previous 3 years performing infection prevention and control protocols based on U.S. federal infection prevention and control guidelines and standards in a dental or educational setting.

Signature of Exam Candidate _____

Date: ___ / ___ / ___