



## CDIPC Pretest Exam—Pathway I Experience Option 4: Investigator/Inspector\* 2021 Employer Work Experience Statement

This form will be accepted through June 30, 2021.

*\*Healthcare professionals (e.g., D.D.S; D.M.D.; RDH; certified, registered, and/or licensed dental assistant; or licensed, registered or certified healthcare professional) who investigate or inspect dental settings for compliance with federal infection prevention and control guidelines and standards on behalf of government, regulatory, accrediting, or public health authorities*

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 Government Agency/Accrediting Body \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Supervisor Title \_\_\_\_\_

Supervisor Direct Office Phone or Work Cell \_\_\_\_\_

Supervisor Email (for verification, if needed) \_\_\_\_\_

I hereby attest that the above-named candidate has a minimum of 1,040 hours of work experience investigating or inspecting dental settings for compliance with federal infection prevention and control guidelines and standards on behalf of government, regulatory, accrediting, or public health authorities 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: \_\_\_ / \_\_\_ / \_\_\_