**EMPLOYMENT & EDUCATION ATTESTATION FORM**

Please sign and submit this self-attestation to qualify for dental infection prevention and control scholarship program.

**Choose which certification you’re interested in applying for (you may choose more than one):**

[ ] OSAP-DALE Foundation Dental Infection Prevention Control Certificate (prerequisite to CDIPC)

[ ] DANB’s ICE Exam (prerequisite to CDIPC)

[ ] Certified in Dental Infection Prevention and Control (CDIPC) Certificate

**Employer (Organization) Name:**

**Organization Address:**

**Supervisor Name:**

**Supervisor Email:**

**Supervisor Phone Number:**

**Employee Name:**

**Employee Address:**

**Employee Job Title:**

**Employee Email:**

**Employee Phone Number:**

**Educational Institution (College/University):**

**Degree:**

**Year Earned:**

**In order to sit for this exam, you must have completed at least 1,040 hours of work experience as a dental assistant, hygienist, dentist, office manager, educator, consultant, trainer, or dental inspector/investigator. By checking this box you are attesting that you have completed this requirement.**

[ ] **Yes, I have fulfilled this requirement.**

[ ] **No, I do not have this experience.**

**Please select which one of the following options you have completed:**

|  |
| --- |
| **Option 1** |
| [ ] Pass DANB’s ICE Exam within the last 5 years **OR**currently hold one of the following:* [ ] CDA
* [ ] COA
* [ ] NELDA
* [ ] DISIPC certification
 |

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| --- |
| **Option 2** |
| [ ] 1. Hold the OSAP-DALE Foundation Dental Infection Prevention Control Certificate**AND**2. Complete one of the education options:[ ] a. DALE Foundation’s DANB® ICE® Review course OR [ ] b. From Policy to Practice: OSAP’s Guide to the CDC Guidelines OR [ ] c. OSAP’s OSHA & CDC Guidelines: OSAP Interact Training System OR [ ] d. OSAP Dental Infection Control Boot Camp™ OR [ ] e. Graduate from a Commission on Dental Accreditation (CODA) accredited dental assisting or dental laboratory technology program OR [ ] f. Hold an associate degree or higher in a dental, healthcare, life sciences or applied life sciences field |

**Employment & Education Self-Attestation**

In signing this form, I attest that I am employed by the above organization and have completed the education that is listed, and that all the information contained on the form is true.

\*DISCLAIMER: Signing this form indicates that you are applying for this program but does not indicate that you have been accepted. If accepted into the program, you will receive a confirmation email from the Institute of Public Health Practice, Research and Policy (cph-iphprp@uiowa.edu).\*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_