



**CAIP.** | Certified Ambulatory  
Infection Preventionist.

# CANDIDATE HANDBOOK

**BOARD OF AMBULATORY™  
SURGERY CERTIFICATION**

# CAIP® Candidate Handbook

## PREFACE:

The Board of Ambulatory Surgery Certification® is pleased to present this Certified Ambulatory Infection Preventionist (CAIP®) Candidate Handbook to potential candidates seeking information about the CAIP certification process. Any questions regarding this Handbook, the CAIP Credential or the Exam should be directed to:

**BOARD OF AMBULATORY SURGERY  
CERTIFICATION (BASC)®**  
1120 ROUTE 73, SUITE 200  
MOUNT LAUREL, NJ 08054

PHONE: 856.222.7619

FAX: 856.439.0525

WEBSITE: [WWW.ABOUTCAIP.ORG](http://WWW.ABOUTCAIP.ORG)

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## ABOUT CAIP

The Certified Ambulatory Infection Preventionist (CAIP®) is the first certification designed specifically for the Infection Preventionist in the ASC industry. The certification is administered by the Board of Ambulatory Surgery Certification (BASC®), a non-profit organization. To obtain the certification, an individual must meet certain eligibility requirements and achieve a passing score on an examination designed specifically to test the knowledge considered relevant to be an Infection Preventionist in an ASC.

The CAIP certification is valid for three years, so long as the Candidate pays the required annual certification fee and submits the appropriate continuing education. Once a Candidate has passed the CAIP examination and been awarded the three-year certification, the Certificant must stay current with infection control developments. This can be obtained by attending approved educational programs to obtain Infection Prevention Contact Hours (IPCH) on an ongoing basis. Infection Prevention Contact Hours must be in each of the five content areas covered in the CAIP Exam; 1) Infection Prevention Program Development, Implementation, & Maintenance, 2) Infection Prevention Education and Training, 3) Surveillance, Data Collection & Analysis, 4) Infection Prevention Strategies, and 5) Instrument/Equipment Cleaning, Disinfection & Sterilization.

## ABOUT THIS CANDIDATE HANDBOOK

The Candidate Handbook provides information to apply for the CAIP Examination, including eligibility requirements, examination policies, the CAIP Examination Content Outline and the requirements to maintain the certification. This handbook should be kept for ongoing reference.

## STATEMENT OF NONDISCRIMINATION

BASC does not discriminate against any individual or candidate with respect to age, sexual preference, color, religion, creed, marital status, national origin, race, language, medical conditions or disability. All candidates are considered solely based on their independent ability to meet the eligibility and certification criteria established by the BASC Board and published in the candidate materials. BASC will comply with all applicable federal and state laws with respect to certification. BASC states that all vendors and contractors of BASC will abide by the BASC nondiscrimination policy.

## TESTING AGENCY

PSI Services is the professional testing agency contracted by BASC to assist in the development, administration, scoring, score reporting and analysis of the CAIP Examination. PSI is a leader in the testing industry, offering certification, licensing, talent assessment and academic solutions worldwide.

## EXAMINATION POLICY AND PROCEDURES

### ABOUT THE CAIP EXAMINATION

The CAIP Examination consists of 150 multiple-choice questions. The examination presents each question with four response alternatives (A, B, C, or D). One of the four answers represent the **best** response for the question. The examination was developed through a combined effort of qualified subject-matter experts and testing professionals, who constructed the examination in accordance with the CAIP Examination Content Outline.

You will be permitted three hours to complete this examination. Additional time will not be allowed. There are no scheduled breaks, and you must have permission from a proctor to leave the testing location.

The CAIP Examination is designed to test the knowledge of the Infection Preventionist working in the ASC industry. The CAIP Examination Content Outline was defined by a national role delineation and job analysis study (see Appendix A).

The job analysis study involved surveying Infection Preventionists in the ASC industry to identify tasks that are performed routinely and considered important to knowledgeable ASC Infection Preventionists.

### EXAMINATION DATES AND APPLICATION DEADLINES

The CAIP Examination is administered in a computer-based format at a testing location. The CAIP Examination dates and application deadlines are located on the CAIP website at [www.aboutcaip.org](http://www.aboutcaip.org).

To apply for the CAIP Examination, the electronic application with the appropriate fee, must be submitted by the application deadline to BASC. No paper applications will be accepted. Incomplete applications will not be processed. The CAIP Exam Application will be available at [www.aboutcaip.org](http://www.aboutcaip.org) once the application window has opened.

## ELIGIBILITY REQUIREMENTS

### ELIGIBILITY REQUIREMENTS

To be eligible to take the CAIP Examination, the applicant must meet all requirements listed below before applying for the examination.

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## **LICENSURE**

The applicant must be a licensed healthcare professional who is responsible for the ASC's infection prevention program.

## **EXPERIENCE**

The applicant must have experience in infection prevention or oversight of infection prevention activities as outlined in the applicant's job description.

## **OR**

The applicant holds the Certification in Infection Prevention and Control (CIC) credential.

## **INFECTION PREVENTION EDUCATION**

The applicant must have obtained ten contact hours in infection prevention education over the last two years.

## **ELECTRONIC APPLICATION PROCEDURES**

An electronic application to take the CAIP Examination must be submitted to BASC in accordance with the electronic application procedures. An applicant must submit the items below with the CAIP application form:

- (1) a copy of the state license verification (the license must be valid at the time of application),
- (2) an Infection Preventionist job description, or job description stating experience in infection prevention or oversight of infection prevention activities, signed by the applicant,

## **OR**

proof of holding the Certification in Infection Control (CIC) credential (the credential must be valid at the time of application),

- (3) documentation of ten contact hours in infection prevention education over the last two years,
- (4) one letter of reference from the applicant's direct supervisor (the letter of reference must be signed, dated and on the signer's letterhead),
  - \* If self-employed, the letter of reference must come from the Administrator of an ASC in which the candidate works and performs infection prevention duties.

- (5) a legible photocopy of your government-issued photo identification, and



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(6) the examination fee of \$379.00

BASC may deny any application for failure to meet the eligibility requirements. Such denials may be appealed in accordance with the appeal procedures discussed in this handbook.

## EXAMINATION FEES

The fee for the examination is \$379. Examination fees may be paid by credit card (Visa, MasterCard or American Express). DO NOT SUBMIT CASH OR CHECK. All fees must be submitted with the application to BASC by the application deadline.

## SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

PSI complies with the Americans with Disabilities Act and strives to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

PSI will provide reasonable accommodations for candidates with disabilities. Candidates requesting special accommodations must call PSI at 888-519-9901 to schedule their examination.

1. Wheelchair access is available at all established Test Centers. Candidates must advise PSI at the time of scheduling that wheelchair access is necessary.
2. Candidates with visual, sensory, physical or learning disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to PSI at least 45 calendar days prior to your desired examination date by completing the two-page *Request for Special Examination Accommodations* form. The form can be downloaded at [www.goAmp.com](http://www.goAmp.com). PSI will review the submitted forms and will contact you regarding the decision for accommodations.

## VERIFYING RECEIPT OF YOUR ELECTRONIC APPLICATION

BASC will email you an acknowledgment of receipt of the electronic application. Please wait at least two weeks following the application deadline before calling BASC about your application.

## REFUNDS

Examination fees are nonrefundable, except for individuals deemed ineligible to sit for the



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examination (minus a \$40.00 processing fee). A request for a refund for any other reason must be made in writing to BASC within 30 days after the examination date, setting forth the reasons for the request. Determinations will be made at BASC's sole discretion.

## EXAMINATION PROCEDURES

### COMPUTER EXAMINATION ADMINISTRATION

Examinations are delivered by computer at approximately 300 PSI Test Centers located throughout the United States. Computer examinations are administered by appointment only Monday through Friday. Saturday appointments may be scheduled based on availability. Appointment starting times may vary by location. Available dates will be indicated when scheduling your examination. Candidates are scheduled on a first-come, first-served basis.

### TEST CENTER LOCATIONS

PSI Test Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. A current listing of PSI Test Centers, including addresses and driving directions, may be viewed at [www.goAMP.com](http://www.goAMP.com). Specific address information will be provided when you schedule an examination appointment.

### SCHEDULING AN EXAMINATION

The CAIP exam is offered at PSI Test Centers throughout the United States. Once you have submitted an application and have been approved to sit for the examination by BASC, PSI will communicate with you regarding scheduling your exam. There are two ways to schedule your examination:

1. Online Scheduling: Go to [www.goAMP.com](http://www.goAMP.com) at any time and select "Candidates." Follow the simple, step by step instructions to register for the examination; or
2. Telephone Scheduling: Call PSI at 888-519-9901 to schedule an examination appointment.

If you contact PSI by 3:00 p.m. Central Time on...	Depending on availability, your examination may be scheduled as early as...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday	Tuesday

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3. When you schedule your examination appointment, be prepared to confirm a location and a preferred date and time for testing. You will be asked to provide your unique identification number that will be provided to you by PSI. You will be notified of the time to report to the Test Center and if an e-mail address is provided, you will be sent an e-mail confirmation notice.

## RESCHEDULING AN EXAMINATION

You may reschedule your appointment ONCE at no charge by calling PSI at 888-519-9901 at least two business days prior to your scheduled appointment. The following schedule applies.

If the Examination is scheduled on . . .	PSI must be contacted by 3:00 p.m. Central Time to reschedule the Examination by the previous . . .
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday/Saturday	Tuesday

## MISSED APPOINTMENT AND FORFEITURES

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances. A new, complete application and examination fee will be required to reapply for the examination.

- You wish to reschedule an examination but fail to contact PSI at least two business days prior to the scheduled testing session.
- You wish to reschedule a second time.
- You appear more than 15 minutes late for an examination.
- You fail to report for an examination appointment.

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## **INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY**

In the event of inclement weather or unforeseen emergencies on the day of an examination, PSI will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Test Center personnel can open the Test Center.

You may visit [www.goAMP.com](http://www.goAMP.com) prior to the examination to determine if PSI has been advised that any Test Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at a Test Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to a Test Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact.

## **TAKING THE EXAMINATION**

Your examination will be given via computer at a PSI Test Center. You do not need any computer experience or typing skills to take the computer examination. On the day of your examination appointment, report to the Test Center no later than your scheduled testing time. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED.**

## **IDENTIFICATION**

To gain admission to the Test Center, you must present two forms of identification. The primary form must be government issued, current and include your name, signature and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver's license with photograph; state identification card with photograph; passport; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order)

Candidates must have proper identification to gain admission to the Test Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

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## SECURITY

PSI administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Test Center is continuously monitored by audio and video surveillance equipment for security purposes. The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- Only silent, non-programmable calculators without alpha keys or printing capabilities are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.

## PERSONAL BELONGINGS

No personal items, valuables or weapons should be brought to the Test Center. Only wallets and keys are permitted. Large coats and jackets must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. The proctor will lock the soft locker prior to you entering the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room unless securely locked in the soft locker.

- Watches
- Hats
- Wallets
- Keys

Once you have placed your personal belongings into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If you bring personal items that will not fit in the soft locker, you will not be able to test. The site will not store or be responsible for your personal belongings.

If any personal items are observed or heard (e.g., cellular/smart phones, alarms) in the testing room after the examination is started, you will be dismissed, and the administration of the examination will be forfeited.

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## EXAMINATION RESTRICTIONS

- Pencils will be provided during check-in.
- You will be provided one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the proctor at the completion of testing.
- No documents or notes of any kind may be removed from the Test Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking is not permitted in the Test Center.
- You may take a break whenever you desire, but you will not be allowed additional time to make up for time lost during breaks.

## MISCONDUCT

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported, and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive or otherwise uncooperative;
- display and/or use electronic communication devices such as pagers, cellular/smart phones;
- talk or participate in conversation with other examination candidates;
- give or receive help or are suspected of doing so;
- leave the Test Center during the administration of the examination;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with unauthorized notes, books or other aids not listed on the roster.

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## COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are copyrighted. It is forbidden under federal copyright law to copy, reproduce, record, distribute, or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

## COMPUTER LOGIN

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your identification number. Your photograph, taken before beginning the examination, will remain on-screen throughout your examination session.

## EXAMINATION PRACTICE SESSION

Prior to beginning the examination, you will be given the opportunity to practice taking an examination on the computer. This examination practice session consists of five questions not related to the test that will familiarize the candidate with the computer software. The time you use for this examination practice session is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the examination practice session and begin the timed examination.

## TIMED EXAMINATION

Following the practice examination, you will begin the timed examination. There are 150 multiple choice questions on the examination. You will have three hours to complete the examination. Before beginning, instructions for taking the examination are provided on-screen.

The screenshot displays the examination software interface. In the top right corner, there is a box labeled "Candidate's Picture Here". The main area contains a question: "Shared governance is an example of a". Below the question are four multiple-choice options, each with a radio button: A centralized organizational model, B laissez-faire leadership style, C decentralized organizational model, and D horizontal centralization. At the bottom of the screen is a menu bar with buttons for "Exit", "Help", "C" (a text input field), "Comment", "Time", "Bookmark", and navigation arrows. The "Time" button is highlighted.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower menu bar on the

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screen to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The “Time” feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right of the screen. Choices of answers to the examination question are identified as A, B, C or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option typing in the letter in the response box or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen. This action will move you forward through the examination question by question. If you wish to review any question(s), click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the “Time” button.

To identify all unanswered and/or bookmarked questions, click on the double arrows (>>). When the examination is completed, the number of examination questions answered is reported. If all questions have not been answered and there is time remaining, you may return to the examination and answer those questions. Be sure to provide an answer for each examination question before exiting the examination. There is no penalty for guessing.

## **CANDIDATE COMMENTS**

During the examination, you may make comments for any question by clicking on the Comment button to the left of the “Time” button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

## **POST-EXAMINATION SURVEY**

Candidates will also have an opportunity to complete a post-examination survey regarding their testing experience.



## EXAMINATION PREPARATION

### CAIP EXAMINATION CONTENT

The CAIP Detailed Content Outline (Appendix A) describes the topics covered on the examination and thus can give you specific study direction. The content of the examination is directly linked to a job analysis that identifies the activities performed by Infection Preventionists that work in ASCs. Each item on the examination is linked to the CAIP Detailed Content Outline and is also categorized according to the level of complexity or the cognitive level that a candidate would likely use to respond, as follows:

- Recall: The ability to recall or recognize specific information is required.
- Application: The ability to comprehend, relate or apply knowledge to new or changing situations is required.
- Analysis: The ability to analyze and synthesize information, determine solutions and/or to evaluate the usefulness of a solution is required.

The examination is composed of 150 multiple-choice test items. A candidate is allowed three hours to complete the examination. The examination is based on five major content areas:

1. Infection Prevention Program Development, Implementation, & Maintenance,
2. Infection Prevention Education and Training,
3. Surveillance, Data Collection & Analysis,
4. Infection Prevention Strategies, and
5. Instrument/Equipment Cleaning, Disinfection & Sterilization

Each content area is described by the list of tasks that follows the content heading in the CAIP Detailed Content Outline (see Appendix A). In addition, the number of examination questions devoted to each major and minor content area is indicated.

### REPORTING OF RESULTS

You will be notified in writing within approximately six to eight weeks whether you have passed or failed the examination. No results will be provided by telephone, facsimile.

### CONFIDENTIALITY

Individual examination scores are released in writing **ONLY** to the individual candidate. Results will not be given over the telephone, by facsimile or electronic mail. Questions concerning examination results should be referred to BASC in writing. All information related to the examination, including application material and examination scores is confidential and will not be released unless permitted by the candidate or required by law.

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## APPEALS PROCESS

BASC provides the appeal mechanism for challenging denial of admission to the examination, denial of eligibility, denial of certification or recertification, or imposition of sanctions. It is the responsibility of the individual, to initiate the appeal process by written request, indicating the circumstance for the appeal, to BASC within 30 days.

## REQUESTS FOR HAND SCORING

Candidates who do not pass the examination may request a manual verification of the computer scoring. Candidates may contact PSI Candidate Services at 1-888-519-9901 for information on requesting a hand score. Requests for hand scoring must be submitted to PSI with a \$25 hand scoring fee within sixty days from the date of notification of the examination results.

## RE-EXAMINATION OPPORTUNITIES

Candidates who do not pass the CAIP Examination will be permitted to retake the examination one time within the next testing period. The fee for retaking the examination within the next testing period is \$189.00. Candidates who fail the second examination (retest) will be required to wait one year before being eligible to take the CAIP Examination again. The full test fee rate of \$379.00 will apply to take the third and subsequent examinations.

## PRACTICE EXAMINATION

An online CAIP® Practice Examination is available. BASC created this 60 question Practice Examination. The Practice Examination covers questions in each of the five major content areas.

The online Practice Examination can be purchased at [www.aboutcaip.org](http://www.aboutcaip.org) for \$165.00. If you wish to purchase the practice exam and apply for the CAIP exam at the same time you may do so for a bundled fee of \$500 (\$44 savings).

Once your application and payment have been accepted and processed, you will receive an email from PSI with details on how to access the CAIP® Practice Examination. The candidate will have 45 days to access and complete the Practice Examination on line. While the Practice Examination is active, candidates may change their answers as often as they choose, however once the Practice Examination is submitted, answers cannot be changed. Upon completion of the Practice Examination, candidates will only be provided with statistics indicating the number of correct answers in each of the five content areas. Any questions regarding this Practice Examination should be directed to BASC at 856.222.7619 or by email at [www.aboutcaip.org](http://www.aboutcaip.org).

## RECERTIFICATION PROCEDURES

Effective October 1, 2021

All Certificants are required to obtain at least six Infection Prevention Contact Hours (IPCH) in each of the five major content areas for a total of 30 IPCHs in a three-year recertification cycle. The IPCHs must be from an approved provider.

### Fees

- All certificants must pay the annual fee of \$75 during the payment period of October 1 – December 31, via the CAIP online recertification system **every year** or their certification will be revoked. There will be no extension period allowed.

### IPCHs

- All certificants must submit 30 IPCHs (6 IPCHs in each of the five content areas) **once** in their Three-Year Recertification Cycle via the CAIP online recertification system by December 31 of their Three-Year Recertification Cycle or their certification will be revoked. There will be no extension period allowed.

## RECOGNITION OF CERTIFICATION

Candidates achieving a passing score on the CAIP examination will be awarded the CAIP certification, including the right to use the designation “CAIP” following their name. Specific procedures regarding use of the CAIP designation will be provided to successful candidates and are available at [www.aboutcaip.org](http://www.aboutcaip.org).

## REVOCATION OF CERTIFICATION

Recipients of the CAIP Certification may have their certification suspended or revoked for any of the following reasons:

1. An individual falsified or misrepresented information or included misleading information in the CAIP Examination Application or submittal of Infection Prevention Contact Hours (IPCH) documentation.
2. Action has been taken against the individual to revoke, suspend or take other disciplinary action in connection with a current license by a state board or agency.
3. An individual has surrendered his or her license while under investigation by a state board or agency or other entity engaged in the administration of law.

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4. An individual has been placed on probation by a state board or agency.
5. An individual has breached the confidentiality agreement signed at the time the CAIP Examination was taken.
6. An individual has failed to pay all outstanding debts to BASC including annual recertification fee and submission of IPCHs, after notice and opportunity to pay and submit such fees and AEU's have been provided.
7. An individual has been excluded from Medicare / Medicaid or other public programs for fraud and/or abuse.
8. An individual has been convicted of or pled guilty or nolo contendere (no contest) to violation of other laws reflecting on ASC administration.

Candidates will be provided notice of the pending suspension or revocation and the due process in accordance with BASC policies and procedures before certification is suspended or revoked.

## LEAVE OF ABSENCE

Certified Ambulatory Infection Preventionist (CAIP) individuals who are temporarily disabled and therefore unable to be employed or to complete required Infection Prevention Contact Hours (IPCHs) maintain CAIP status may apply in writing to BASC for temporarily disabled status. Applicants must complete an appeals form.

Verification of disabled status by a licensed physician must be provided.

The CAIP will be required to sign an agreement not to engage to any extent whatsoever in the provision of professional services during the disabled status period.

During the period of disabled status, the CAIP must continue to maintain the CAIP credential fee.


If, during the disabled status period, the CAIP is unable to complete the 3-year/30 Infection Prevention Contact Hours (IPCHs), an extension of time to complete the requirement shall be provided. The length of any such extension shall be at the discretion of the BASC Board of Directors. Any extension due to temporary disability shall not impact the CAIP's next 3-year period for completion of an additional 30 Infection Prevention Contact Hours (IPCHs).

Verification by a licensed physician of ability to return to employment will be required.

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Temporarily disabled CAIPs who are granted extensions under this policy but who fail to complete the IPCH requirement by the extension date shall have their certification revoked and will be required to retake and pass the CAIP certification examination and meet all other eligibility requirements in order to regain CAIP status.

## APPENDIX A. DETAILED CONTENT OUTLINE

<div>  </div> <div> <p><b>Board of Ambulatory Surgery Certification</b></p> <p><b>Certified Ambulatory Infection Preventionist (CAIP)</b></p> <p><b>Examination Specification</b></p> </div>	
<b>1. Program Development, Implementation &amp; Maintenance</b>	<b>(23 items)</b>
<ul style="list-style-type: none"> <li>A. Perform infection prevention risk assessment to guide oversight of the infection prevention program.</li> <li>B. Identify nationally recognized infection prevention guidelines, regulations, or standards for applicability to the facility.</li> <li>C. Select guidelines, regulations, or standard to be included in the facility's infection prevention program.</li> <li>D. Evaluate the facility's selected guidelines annually and as needed</li> <li>E. Update infection prevention program as indicated</li> <li>F. Coordinate exposure control plan with the infection prevention program</li> <li>G. Present infection prevention program to leadership annually and as needed</li> <li>H. Maintain a job description for the infection preventionist and review annually</li> <li>I. Maintain personal competence in infection prevention practices per facility policy</li> </ul>	
<b>2. Education &amp; Training</b>	<b>(30 items)</b>
<ul style="list-style-type: none"> <li>A. Ensure that healthcare workers receive training on the infection prevention program during orientation, annually, and as needed.</li> <li>B. Ensure that credentialed providers receive training on the infection prevention program at time of initial appointment, annually, and as needed.</li> <li>C. Assess need for educational offerings for healthcare workers               <ul style="list-style-type: none"> <li>1. OSHA training</li> <li>2. blood borne pathogen risk assessment</li> <li>3. use of personal protective equipment</li> <li>4. donning and doffing personal protective equipment and sterile attire</li> <li>5. sharps safety</li> <li>6. safe injection practices</li> <li>7. hand hygiene</li> <li>8. vaccination compliance</li> <li>9. aseptic technique</li> <li>10. skin antisepsis</li> <li>11. surgical hand antisepsis (i.e., scrub)</li> <li>12. documentation of surgical wound classification</li> </ul> </li> <li>D. Facilitate education on infection prevention practices</li> <li>E. Share surveillance finding with healthcare workers</li> <li>F. Review educational information provided to patients and families</li> </ul>	

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3. Surveillance, Data Collection & Analysis	(37 items)
<ul style="list-style-type: none"> <li>A. Conduct regularly scheduled infection surveys with practitioners</li> <li>B. Inform patients to report signs and symptoms of infection to ASC and physician</li> <li>C. Perform investigation of post-operative infections</li> <li>D. Gather post-operative infection information:               <ul style="list-style-type: none"> <li>1. post-op telephone calls</li> <li>2. practitioner's query</li> </ul> </li> <li>E. Develop audit procedures for infection prevention strategies including:               <ul style="list-style-type: none"> <li>1. hand hygiene</li> <li>2. safe injection practices</li> <li>3. use of personal protective equipment</li> <li>4. cleaning, disinfection, and sterilization</li> <li>5. transmission-based precautions (e.g., contact, droplet)</li> <li>6. cleaning of point of care devices</li> <li>7. vaccination compliance</li> <li>8. tuberculosis screening and surveillance</li> </ul> </li> <li>F. Develop audit procedures for environmental infection prevention:               <ul style="list-style-type: none"> <li>• Housekeeping</li> <li>• Pre-op, PACU, operating room/procedure room turnover</li> <li>• HVAC requirements</li> <li>• Temperature &amp; humidity logs</li> <li>• Damaged/worn/rusty equipment</li> <li>• Building maintenance</li> </ul> </li> <li>G. Participate in the CMS quality reporting program</li> <li>H. Analyze collected data</li> <li>I. Use data to identify trends</li> <li>J. Use trends to develop an action plan</li> <li>K. Present action plan to healthcare workers and leadership</li> <li>L. Present data summaries to healthcare workers and leadership</li> <li>M. Periodically review action plan to determine its effectiveness</li> </ul>	
4. Infection Prevention Strategies	(30 items)
<ul style="list-style-type: none"> <li>A. Develop policies and procedures related to infection prevention</li> <li>B. Develop infection prevention strategies including:               <ul style="list-style-type: none"> <li>1. hand hygiene</li> <li>2. safe injection practices</li> <li>3. use of personal protective equipment</li> <li>4. transmission-based precautions (e.g., contact, droplet)</li> <li>5. patient placement, transfer, and discharge</li> </ul> </li> </ul>	



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6. cleaning of point of care devices
7. vaccination compliance
8. tuberculosis screening and surveillance
9. recalls: contaminated equipment, food, medications, supplies
10. implantable tissue management
11. traffic control (e.g., observers in OR, restricted areas, access to OR)
12. maintaining integrity of patient care areas during construction and renovation
13. post-op infection investigations
14. common pathogens found in an ASC
15. appropriate attire based on nationally recognized infection prevention guidelines, regulations, or standards
- C. Develop infection prevention strategies for the environment of care:
  - Housekeeping
  - Pre-op, PACU, operating room/procedure room turnover
  - HVAC requirements
  - Temperature & humidity logs
  - Damaged/worn/rusty equipment
  - Building maintenance
- D. Ensure documentation of surgical wound classification

#### **5. Instrument/Equipment Cleaning, Disinfection & Sterilization (30 items)**

- A. Identify accepted standards and guidelines for cleaning, disinfection, and sterilization
- B. Develop procedures for pre-cleaning of instruments and equipment
- C. Develop procedures for transfer of contaminated instruments/equipment to decontamination area
- D. Develop procedures for cleaning instruments/equipment per manufacturer's instructions for use (IFUs)
  1. manual
  2. automated
  3. ultrasonic
  4. flushing devices
- E. Develop procedures for use of high-level disinfectants and enzymatic cleaning products per manufacturer's instructions for use (IFUs)
- F. Develop policies for transfer of equipment prior to repair or reprocessing
- G. Develop policies and guidelines for processing loaner equipment
- H. Develop policies and guidelines for sterilization per manufacturer's instructions or evidence-based guidelines:
  1. biological testing

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2. air-removal testing
3. implant management
4. wrapping and packaging
5. storage
6. physical & chemical indicators
7. sterilizer parameters
8. sterilizer cleaning and maintenance
9. sterilizer load failure
10. immediate-use steam sterilization
11. short-cycle sterilization
- I. Develop policies and guidelines for reprocessing of endoscopy equipment and accessories per manufacturer's instructions or evidence-based guidelines
  1. pre-cleaning
  2. transport of contaminated equipment/supplies
  3. leak testing
  4. manual cleaning
  5. use of enzymatic detergents
  6. automatic endoscope reprocessor
  7. manual high-level disinfection
  8. use of high-level disinfectants
  9. testing efficacy of high-level disinfectant
  10. documentation to validate process completion
  11. ability to trace equipment/supply use to an individual patient
  12. transport and storage of equipment after high-level disinfection

**Total 150 items**

Effective: 10/2021

## APPEALS REQUEST

Please email the completed form to

[caip@aboutcaip.org](mailto:caip@aboutcaip.org).

☐

Lapsed IPCH Appeal

☐

Lapsed Payment Appeal

☐

Temporarily Disabled Appeal\*

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

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

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**I understand it is the professional responsibility, as outlined on the CAIP website, for each CAIP to maintain current contact information on file with BASC, submit the renewal fee by December 31st of each calendar year and complete and submit 30 Infection Prevention Contact Hours (IPCHs) in each three-year cycle.**

☐

**I have read, understand and agree to the policy (as listed on pages 14&15 in handbook) for which I am appealing.**

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

Brief explanation of reason for request for appeal: \_\_\_\_\_

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\*Requests for temporarily disabled status must be accompanied by signed documentation from a licensed physician.



## REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, **please complete this form and provide the Documentation of Disability-Related Needs on the next page and submit it with your application at least 45 days prior to your requested examination date.** The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

### Candidate Information

Candidate ID # \_\_\_\_\_ Requested Assessment Center: \_\_\_\_\_

\_\_\_\_\_  
Name (Last, First, Middle Initial, Former Name)

\_\_\_\_\_  
Mailing Address

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

\_\_\_\_\_  
Daytime Telephone Number Email Address

### Special Accommodations

I request special accommodations for the \_\_\_\_\_ examination.

Please provide (check all that apply):

- ☐ Reader  
☐ Extended testing time (time and a half)  
☐ Reduced distraction environment  
☐ Please specify below if other special accommodations are needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with PSI staff my records and history as they relate to the requested accommodation.

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

**Return this form to:**  
**PSI, 18000 W. 105th St., Olathe, KS 66061-7543**  
**If you have questions, call Candidate Services at 888-519-9901.**



## DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that PSI is able to provide the required accommodations.

### Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in my capacity as a

Candidate Name

Date

My Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the Request for Special Examination Accommodations form.

Description of Disability: \_\_\_\_\_

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Signed: \_\_\_\_\_ Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_

**Return this form to:**  
**PSI, 18000 W. 105th St., Olathe, KS 66061-7543**  
**If you have questions, call Candidate Services at 888-519-9901.**