

TRAINING IN INFECTION CONTROL

In August 1992 legislation passed **requiring certain health professionals** in NYS to obtain approved **training** in infection control and barrier precautions. **These professionals include physicians, physician and specialist assistants, registered and licensed practical nurses, dentists, dental hygienists, optometrists and podiatrists.**

Initial training was to have been accomplished by JULY 1, 1994. Training needs to be retaken every four years. **Professional staff new to the Medical Center are responsible for meeting these training requirements.**

Documentation of this training is required for: hospital credentialing process for Physicians, PA's and Special Assistants
renewal of professional licenses or re-registration for other NON-MD's

There are **six basic core elements for this training.** These include:

1. Professional Responsibility for Infection Control;
2. Transmission and Control of Infection in Health Care Settings;
3. Use of Engineering and Work Practice Controls;
4. Selection and use of Barriers and Personal Protective Equipment;
5. Principles and Practices for Cleaning, Disinfection and Sterilization;
6. Prevention and Control of Infectious and Communicable Diseases in Health-Care Workers.

Registration and Training Procedure:

1. **Register** with the CPE Office using the form below. You will then be sent a **Self-Study Training Program and PostTest.**
2. Study the Program materials. **Complete, sign and return the PostTest** as instructed.
3. Individuals receiving **at least 80% correct** on the **PostTest** will receive appropriate **Certification of Completion.**
4. **Certification** will be mailed **within 21 days** of receipt of **PostTest.**
5. Those receiving **less than 80% will need to be re-tested.**

Fees: Training and Certification will be provided at a cost of **\$18.50 for all those employed by the University of Rochester or who have admitting/attending privileges at Strong Memorial Hospital.** For All OTHERS the fee is **\$28.50.** Payment can be by check, credit card (Visa or MasterCard) or University Requisition and must accompany this request. Checks should be made payable to: **UR Continuing Professional Education.** **There will be a charge of \$10 to replace lost certificates.**

For more information contact Continuing Professional Education at (585)275-4392. (Box 677, Room G-8540, FAX: (585)275-3721)

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Please Print Clearly

NAME _____ Last 4 digits of SS No. _____

Circle Responses

Indicate: MD DO DDS NP RN LPN PA Other (Specify) _____

Are you employed by SMH? YES NO If YES, indicate Primary Dept/Unit _____

If you are a Physician (MD or DO) Do you have admitting / attending privileges at SMH? YES NO

Mailing Address _____

City, State _____ Zip Code _____ - _____

Telephone _____ Fax _____ Email _____

ALL requests must be accompanied by payment of appropriate fee
Please indicate payment method.

_____ Check : (Payable to: UR Continuing Professional Education)

_____ Credit Card (VISA & MasterCard accepted) _____ VISA _____ MasterCard

Card No. _____ Exp. Date _____

Signature _____

FOR OFFICE USE ONLY

Rec'd _____ Amnt \$ _____

UR Req# _____ Check# _____

Ent'd _____ PU / Mailed _____

Please complete and return to: **Continuing Professional Education, University of Rochester Medical Center, 601 Elmwood Ave., Box 677, Rochester NY 14642-8677.** If paying by credit card, you may FAX this Registration Form to **(585) 275-3721.**