



# APIC Faculty Selection Application

Thank you for your interest in serving as APIC Faculty. To be considered please complete and return the application below to [faculty@apic.org](mailto:faculty@apic.org). Incomplete applications will not be processed.

Along with existing programming, APIC will be developing new programming and identifying faculty to deliver content. Applicants will be notified only if they meet the application criteria and an opening matching applicant's knowledge and skills becomes available.

For information on current education programs visit the APIC website, [www.apic.org](http://www.apic.org).

## Personal Information

Name \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

### Membership, Degrees, Certifications

Are you a CIC certificate holder?  Yes  No

If yes, expiration date (must be current) \_\_\_\_\_

Are you an APIC Member?  Yes  No

Are you a member of an APIC Committee?  Yes  No

Committee \_\_\_\_\_

Degree(s) \_\_\_\_\_

Certificate(s) \_\_\_\_\_

### Minimum Experience (Applicants must have a minimum experience level of 7 years)

Practitioner Number of total years \_\_\_\_\_

Academic applicant Number of total years \_\_\_\_\_

*Please check all that apply (academic applicants only)*

I have relevant course work teaching experience

I have practitioner/industry experience.

If so, how much \_\_\_\_\_

I have obtained tenure status

### Subject Matter Expertise

Please list up to 5 topic areas where you are proficient. These are areas where you have gained significant knowledge and are considered advanced in your understanding and practice of this area.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

### Previous speaking experience (Please check all that apply)

APIC conference(s)

YEAR \_\_\_\_\_ TOPIC \_\_\_\_\_

YEAR \_\_\_\_\_ TOPIC \_\_\_\_\_

APIC Webinar(s)

DATE \_\_\_\_\_ TOPIC \_\_\_\_\_

DATE \_\_\_\_\_ TOPIC \_\_\_\_\_

APIC live learning event(s) (EPI Intensive, for example)

DATE \_\_\_\_\_ COURSE \_\_\_\_\_

DATE \_\_\_\_\_ COURSE \_\_\_\_\_

Presentation at a chapter meeting

DATE \_\_\_\_\_ TOPIC \_\_\_\_\_

DATE \_\_\_\_\_ TOPIC \_\_\_\_\_

Teaching for APIC Consulting

DATE \_\_\_\_\_ TOPIC \_\_\_\_\_

DATE \_\_\_\_\_ TOPIC \_\_\_\_\_

Other healthcare conferences

DATE \_\_\_\_\_ TOPIC \_\_\_\_\_

DATE \_\_\_\_\_ TOPIC \_\_\_\_\_

**Please list three professional references**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Contact Number \_\_\_\_\_ Email \_\_\_\_\_

**Conflicts of Interest**

The Association for Professionals in Infection Control and Epidemiology (APIC) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation (ANCC). In accordance with the American Nurses Credentialing Center (ANCC) Criteria Standards for Commercial Support, APIC must provide balance and objectivity in all educational activities accredited for CE.

Therefore, APIC requires all Faculty to disclose significant, relevant financial relationships with which they or a spouse/partner have, or have had, within the past 12 months with companies or commercial supporters of any products/services that is related to the topics that are to be presented at APIC programs (for example, employee, grants, research support, speaker, sponsors, stockholder, etc.). Agenda’s may be found online at [www.apic.org](http://www.apic.org) or email [Education@apic.org](mailto:Education@apic.org) for more information. The intent of the disclosure(s) is to provide attendees, prior to the beginning of the CE activity, with information on which they can make their own independent judgments pertaining to program content. If there are no financial disclosures, faculty are required to indicate “Nothing to disclose.”

- I have nothing to disclose
- I have the following relationship(s) to disclose:

\_\_\_\_\_

\_\_\_\_\_

*\*\* ANCC defines an entity that has a “commercial interest” as any proprietary entity producing health care goods or services, with the exception of non-profit or government organizations.*

**Statements**

**On a separate sheet of paper please include a personal statement. In 100 words, please tell us why you believe you would be a great APIC faculty member.**

**On a separate sheet of paper please explain your method and style for teaching the adult learner. For example, you may address the three learning styles of adults - Visual (slides, videos), Auditory (lecturing, group discussions), Kinesthetic (role playing, demonstrations) - and how you would integrate into a program.**

**Certifying Statement**

I certify that the information submitted on this application is true and complete to the best of my knowledge and belief, and I understand that falsification of any of the information contained herein shall be grounds for disqualification from further consideration. I authorize APIC to verify any certification(s) or license(s) to confirm the information I have provided. I understand that serving as a faculty member indicates I have met the qualifications to serve however, teaching opportunities vary depending on program need and expertise. I further understand that I will only be contacted should a faculty opportunity open that meets my qualifications. My submission of this application authorizes APIC to use my name and/or picture in marketing materials and any and all publications.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE