



## Experiential Attestation Form

Thank you for agreeing to be an attester. Please confirm that the applicant has a high-level of competency in the area of **Infectious Disease Preparedness and Response** by commenting on each competency listed on the next pages. If the applicant has provided specific examples, please regard them as suggestions, which you may use or edit. If you can verify that the applicant has sufficient experience in a particular competency, then select "Yes" for that competency and provide specific examples. If your experience with the applicant is not sufficient to verify the competency, then select "No." If you do not have enough space below, use a separate sheet of paper and note the competency area name and number for each example. Sign this sheet and any extra sheets used.

Should you have any questions, please contact Lanie Kepler (contact information listed below).

Thank you for your participation in the certification process.

*Public Health Practitioner Certification Board*

**Lanie Kepler**

Director of Membership and Development

Illinois Public Health Association

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## **Competency Area: Infectious Disease Preparedness and Response**

The applicant has an in-depth understanding of and/or extensive experience with the basic principles, tools, and process of infectious disease preparedness, prevention, and control.

### **1. The applicant can describe infectious disease preparedness, prevention, and control in public health.**

Yes \_\_\_\_\_ No \_\_\_\_\_ (unable to verify)

Specific Examples:

### **2. The applicant can apply principles and tools of infectious disease control to vaccine preventable infectious diseases.**

Yes \_\_\_\_\_ No \_\_\_\_\_ (unable to verify)

Specific Examples:

**3. The applicant can identify smallpox infections from signs, clinical history, and other evidence, and collect timely data for prevention and control of an outbreak.**

Yes \_\_\_\_\_ No \_\_\_\_\_ (unable to verify)

Specific Examples:

**4. The applicant can identify anthrax infections from signs, clinical history and other evidence, and collect timely data for prevention and control of an outbreak.**

Yes \_\_\_\_\_ No \_\_\_\_\_ (unable to verify)

Specific Examples:

**5. The applicant can identify Category A, B, and C biological agents (other than smallpox and anthrax) and their unique characteristics and relevance to bioterrorism events and threats from signs, clinical history, and other evidence, and collect timely data for prevention and control of an outbreak.**

Yes \_\_\_\_\_ No \_\_\_\_\_ (unable to verify)

Specific Examples:

**6. The applicant can identify emerging infections from signs, clinical history, and other evidence, and collect timely data for prevention and control of an outbreak.**

Yes \_\_\_\_\_ No \_\_\_\_\_ (unable to verify)

Specific Examples:

I hereby confirm the high-level competency of \_\_\_\_\_ in the **Public Health Administration** concepts and skills listed above.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Email**