Survey of SHEA/APIC- Contact Info and Communication Network

Name_____Crenditals_____
Facility name_____
Facility Street Address:_____
City_____ State_____ Zip_____

Member __APIC __SHEA __IDSA __ASM
(check all that apply)

Board Certified in Infectious Diseases __Yes __No
Board Certified in Infection Control __Yes __No
How many years of Infection Control
experience do you have? __ < 2 __ 2-5 __ 6-10 __ 11-15 __ >15

Contact Information:
Day phone (___)_____
Evening phone (___)_____
Fax (___)_____
Cellphone/beeper (___)_____
E-mail _____

Preferred method for **emergency** contact:
__ phone __ fax __ cell/beeper __ e-mail

Would you be willing to assist in an ongoing healthcare-associated infection prevention and control communication and surveillance network?* __Yes __No

*If you responded yes to this question, please expect to be contacted for additional information

Thank you for taking the time to answer these questions!

Return to:
SHEA
66 Canal Center Plaza
Suite 600
Alexandria, VA 22314

Fax: (703) 684-1009

Questions:
Call: (703) 684-1006
Email: sheahq@shea-online.org