

**Survey of SHEA/APIC- Contact Info and Communication Network**

Name \_\_\_\_\_ Creaditals \_\_\_\_\_

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](mailto:sheahq@shea-online.org)**