

**2025 Champion of Infection Prevention and Control**

**Chapter Participation Confirmation**

**FORM 33B**

**Candidate Name:** Click or tap here to enter text.

**Chapter Name:** Click or tap here to enter text.

**Name and Chapter Position of Chapter Officer completing this document:**

Click or tap here to enter text.

**Briefly describe how the candidate has actively participated in the Chapter.**

Click or tap here to enter text.

**Signature of Chapter Representative**: Click or tap here to enter text.

**Date:** Click or tap here to enter text.