



CISCI™ Experience Attestation Form for Recertification

Name of CISCI™ Recertification Applicant: _____

Person Attesting to Inspector Experience: _____

Briefly describe professional relationship to CISCI™ Applicant: _____

To be eligible to earn the CISCI™ Certification, Applicants must work for or be a member of a state board of pharmacy or work for NABP and be actively engaged in conducting inspections or surveys of sterile compounding facilities, supervising/training persons engaged in such inspections, or performing reviews of and follow-up actions, such as assessment of corrective action or initiation of disciplinary actions for such inspections.

Recertification: I attest that the Applicant named above has performed the duties described for the previous 3 years during which they have been CISCI™ certified and that they continue to work for, or be a member of, a state board of pharmacy or work for NABP conducting inspections of sterile compounding facilities or supervising/training such inspectors and/or performing review and follow-up of such inspections.

By writing your name in the space below, you are attesting to the truth of the statements you have provided.

Signature of Person Giving Attestation

Date of Attestation