

## Infection Preventionist Information

Facility Name	
Facility ID	
IP Name	
IP Address	
IP eMail	
IP Phone	
IP Licensed Credentials	

Please include ***evidence of the infection preventionist training*** and submit to:

Long Term Care Services

[LTC@health.ok.gov](mailto:LTC@health.ok.gov)

or mail to:

Long Term Care Services

Oklahoma State Department of Health

1000 NE 10<sup>th</sup> Street

Oklahoma City, OK 73117

405.271.6868