

Information Release Form (to be submitted with exam app)

Revised March 2021; 2 Pages



Per IAHCSMM's policies of the release of exam information to program officials, IAHCSMM will only release exam results (pass/fail) directly to you, in written format, at the preferred address provided on your exam application. Pass/fail scores are not available orally or electronically, and can take up to two weeks to be delivered. Exam scheduling information and pass/fail notifications will not be provided to 3rd parties without your prior express written consent. Upon the applicant's request, IAHCSMM will verify an individual's current certification status (including their certification effective and expiration dates) to any inquiring party, but will not release further details of your examination(s), including pass/fail scores or the number of exam attempts, without your consent.

If you wish to make your certification exam information, including your account ID number, scheduling information, test dates, test results, and certification status, available to a 3rd party, such as your college, university, training center, or hospital/facility, the following authorization statement must be submitted to IAHCSMM at the time you apply to test.

To authorize a release of certification exam information, submit this request (page 2) along with your exam application. Additional information on certification requirements, policies, and procedures is available in the IAHCSMM Certification Handbook and at iahcsmm.org/certification. For further assistance, contact IAHCSMM at 312.440.0078 or certification@iahcsmm.org.

Please complete each page and mail, fax, or email along with your completed application to:

Mail: **IAHCSMM**
55 West Wacker Drive
Suite 501
Chicago, IL 60601

Fax: **312.440.9474**

Email: **certification@iahcsmm.org**

SUBMISSION CHECKLIST

Section 1: Examination Type

I have selected the exam I am applying for.

Section 2: Applicant Information

I have completed the applicant information and signed the authorization request.

Section 3: Exam Application

I have completed the exam application and will submit this form along with the application for processing.

Please note that incomplete forms may cause delays in processing.

SECTION 1: EXAMINATION TYPE (PLEASE CHECK ONE)

Please let us know which exam you are applying for.

CRCST: Certified Registered Central Service Technician

CIS: Certified Instrument Specialist

CER: Certified Endoscope Reprocessor

CHL: Certified Healthcare Leader

SECTION 2: APPLICANT AUTHORIZATION

(This section to be completed by the applicant.)

Applicant First Name: _____ Applicant Last Name(s): _____

Authorization

By signing below, I authorize IAHCSSM to release my exam scheduling information, IAHCSSM account ID number, and certification exam results to the _____
(NAME OF INSTITUTION)

My information will be made electronically available to _____
(NAME & POSITION OF CONTACT AT INSTITUTION)

at _____ (or whoever may hold that same position in the future). Only exam-related information,
(ORGANIZATION EMAIL)

such as my account ID number, exam scheduling details, test dates, test results, and certification status, will be available to the above named institution upon request. No personal or other confidential information will be released.

Applicant's Signature: _____ Date: _____