

Renewal Statement

If renewing by mail, please submit a copy of this statement, your payment and your CE credits to the address on the next page.

To complete your renewal online as a quick and easy option, please visit mycertification.MYHSPA.org



Due Date:

Account ID #:

Certifications:

Payment Status:

CE Required:

CONTINUING EDUCATION CREDITS

Attached

Already Submitted

Will Submit Separately

RENEWAL FEE

\$60: Certification and Membership

Includes one year of certification and membership, plus:

- Subscriptions to *Insights & PROCESS* magazine
- Discounts on online education, events and publications
- Access to the online forum & resource documents

\$50: Certification Only

Includes one year of certification, plus:

- Subscriptions to *Insights & PROCESS* magazine

Note: If no selection is made in this section, you will be charged \$50 for Certification Only

PAYMENT METHOD

Check (enclosed) Check #: _____

Money Order (enclosed) Order #: _____

*If mailing a Check or Money Order, please ensure it is signed and place your ID on the Memo line. Unsigned checks and money orders will not be processed. The check may be made out to "HSPA".

Credit/Debit Card

*If paying by Credit/Debit Card, please go online to mycertification.MYHSPA.org Once you are logged in, click the "View / Renew My Certifications" link on the page. Select your certification and walk through the application steps. There will be a button to "Process and Pay" at the end. You may also upload your CE there if you prefer, or mail with this statement.

Note: HSPA cannot accept cash payments. There is only one renewal fee required, no matter how many certifications you may hold.

IMPORTANT

If your complete renewal is not received by _____ your certification(s) will be suspended. To avoid having your certification(s) suspended, HSPA strongly encourages you to renew at least 4 weeks prior to your due date.

CONTRIBUTIONS

For tax purposes, membership dues may be deducted as a business expense but not as a charitable donation. HSPA has estimated that \$10.45 of membership fees are not deductible in accordance with the IRS Sec 6033.

STATEMENT OF UNDERSTANDING

By submitting a renewal fee and continuing education credits, I attest that I have read and understand the HSPA Certification Handbook (available online at MYHSPA.org) and agree to abide by the certification program's policies and procedures, and adhere to the Association's Code of Conduct. I agree to inform HSPA, without delay, of any matter that affects my ability to continue to fulfill the certification requirements. I further certify that the information provided by and about me on this form (and any other subsequent documentation submitted in relation to my certification) is accurate and correct. I understand that the information I provide to HSPA may be audited for verification. I agree to provide any information necessary to verify my renewal credits and further authorize HSPA to make any necessary inquiries in this regard. I understand that providing information on this or any document relating to my certification that is determined to be false or purposefully misleading, or in violation of any portion of the Code of Conduct and/or other policies and procedures, may result in disciplinary action, including the possible revocation of certification, as outlined in HSPA's disciplinary policy. I agree that all claims made regarding my certification status must be in compliance with HSPA policies including the acceptable use policy and that I may use the certification(s) granted to me only as authorized. I agree to refrain from making any statement regarding the certification that is inaccurate, misleading, or unauthorized.

See reverse side for further information

ACCOUNT INFORMATION

To update your contact information, please make any changes below. You may also update this information in your online account at myaccount.MYHSPA.org

Note: To update your first or last name, you must submit a copy of a legal name change document.

CONTACT INFORMATION

First Name:

Last Name:

Primary Phone Number:

Primary Email Address:

Primary Mailing Address:

CONTACT UPDATES

PROFESSIONAL INFORMATION

Place of Employment:

Job Title:

CONTINUING EDUCATION (CE) SUBMISSION INFORMATION

The chart below indicates how many Continuing Education (CE) credits are required for each certification's annual renewal. The list that follows details possible ways of achieving CE credits (for more information, please visit the Certification section of MYHSPA.org).

Please Note: You may only receive credit once for any activity submitted, and it may only be applied to one certification.

Continuing Education (CE) credits are determined by hours used for learning: 1 hour equals 1 CE credit, ½ hour equals ½ CE credit, ¼ hour equals ¼ CE credit

CRCST	CIS	CER	CHL	CCSVP
12 CE credits	6 CE credits	6 CE credits	6 CE credits	6 CE credits

HSPA EDUCATIONAL OFFERINGS

- Online lesson plans containing a reading and short quiz: **2 CE** each (automatically applied to your account upon passing)
- Online webinars containing a video and short survey: **1 CE** each (automatically applied to your account upon passing; some exceptions apply)
- Online podcasts containing an audio file and short quiz: **.5 CE** each (automatically applied to your account upon passing)
- Annual Conference & Expo: CE amounts vary (automatically applied to your account upon attending)
- Local Chapter Events: CE amounts vary (you must submit a valid certificate of completion)

Additional rates may apply. Please check MYHSPA.org for further information.

IN-SERVICE OR STAFF MEETINGS

- Submission of any in-services or staff meetings must be provided on either hospital letterhead or using the enclosed In-Service Submission Form.
- All topics must be directly related to Sterile Processing job performance.

INDUSTRY PROFESSIONAL EDUCATION

- Vendors and other organizations may offer pre-approved educational opportunities either online or in-person.
- A list of opportunities can be found at MYHSPA.org/certification/resources#renewalresources-tab.
- Please submit a score sheet or certificate of completion from the provider which includes your name, the date of completion, and the CE value achieved.
- If submitting HSPA Lesson Plans graded by your supervisor, please include a copy of the quiz, your full name, your supervisor's full name, title, and signature, and your score. These are worth 1 CE credit each.

MEETINGS, CONFERENCES OR SEMINARS

- Must be through a recognized professional organization and be pre-approved for credit by HSPA.
- Please submit a certificate of completion from the provider which includes the event name, your name, the date of completion, and the CE value achieved.

TECHNICAL, COMMUNITY, OR SECONDARY COLLEGE COURSES

- Course must directly relate to knowledge that can be applied to Sterile Processing job performance.
- Successful completion of a course is worth 6 CE credits.
- Please submit a copy of the course description from the institution's catalog or a copy of the course syllabus or learning objectives. A copy of your final grade transcripts must be included and contain the name and location of the school, the topic studied, dates attended, length of course, and proof of passing the course with a C or better.

HSPA CONTACT INFORMATION

Healthcare Sterile Processing Association

55 West Wacker Drive, Suite 501, Chicago, IL 60601

Toll-Free: 800.962.8274 • Fax: 312.440.9474 • MYHSPA.org

All Continuing Education (CE) Credit Must Have Occurred Within the Past Year, After Your Last Renewal Date

In-Service/Staff Meeting Submission Form

Revised January 2022



INSTRUCTIONS:

Documentation of in-services or staff meetings may be provided on this form or on hospital letterhead. In-service and/or staff meeting attendance must have occurred within the past year, after your last renewal date. The subject matter must relate directly to Sterile Processing job performance. **This form is only to be used for in-service or staff meeting submissions. If you have completed other continuing education, it must be submitted separately.**

Your (Certificant's) Full Name _____

Your HSPA ID# _____

Printed Name of Manager/Supervisor: _____

Current Position Title of Manager/Supervisor: _____

Facility/Hospital: _____

Manager/Supervisor's Phone: _____

Manager/Supervisor's Signature: _____ **Date:** _____

MANAGER/SUPERVISOR, PLEASE NOTE:

If the certificant is submitting a hospital transcript please provide your name, title & signature **directly on the transcript.**

Examples:

- In-Service/Staff Meeting Topic: Patient Safety Goals Duration 1/2 Hour Date 11/28/2022
- In-Service/Staff Meeting Topic: Staff Meeting Duration 5 Minutes Date November

Specific Topic Required **Too Short** **Exact Date Required**

Reminder:

- 1 hour equals 1 CE credit
- ½ hour equals ½ CE credit
- ¼ hour equals ¼ CE credit

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

Total Amount of Continuing Education (CE) Credits

In-Service/Staff Meeting Submission Form

Revised January 2022



In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

Total Amount of Continuing Education (CE) Credits