



IAHCSMM

Instrumental to Patient Care[®]

CERTIFICATION HANDBOOK

PROCEDURES FOR OBTAINING & MAINTAINING CERTIFICATION

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IAHCSMM CERTIFICATION HANDBOOK:

Procedures for Obtaining & Maintaining Certification

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An Overview of IAHCSSM Certification

Founded in 1958, the International Association of Healthcare Central Sterile Material Management (IAHCSSM) is the only full service Association for Central Sterile Supply Department professionals. We represent more than 26,000 Central Service (CS) professionals who value the highest standards in education and certification.

Certification helps ensure that CS technicians possess the essential knowledge and skills necessary for managing critical departmental duties safely, effectively and consistently. What's more, the ongoing education required for CS professionals to maintain their certification status helps ensure that these professionals stay on top of ever-evolving instrumentation, technology, standards and best practices to keep CS departments functioning at peak performance.

For those reasons, and many more, it is essential that CS staff have the knowledge, skills, and training to provide consistent, reliable and quality-focused service.

The Importance of Certification

Patients rarely meet CS professionals, but they rely on them just the same. They count on technicians for clean, sterile, well-functioning instruments. They count on them to follow best practices and stay ahead of the technology curve. They count on them to provide safe, quality service - on time, every time.

CS certification can help meet each of those expectations, and more. Whether it's attaining Certified Registered Central Service Technician status, taking the next step to Certified Instrument Specialist, improving management skills through certification in healthcare leadership, or developing vendor relations as a Certified Central Service Vendor Partner, IAHCSSM has you covered.

Certification drives knowledge and competency. It helps ensure that CS professionals stay current with regulations, standards, and best practices. It gives them the confidence in knowing they have both the tools and skills needed to overcome the most challenging obstacles. Above all, certification demonstrates that quality care and safety are the driving forces behind the CS department.

Certification exams go beyond training by providing a tangible measurement of a technician's knowledge of specific functions and products. Certification programs establish standards for education and play an important role in developing a qualified workforce. Your achievement of IAHCSSM certification documents your expertise and recognizes your personal commitment to professional development.

IAHCSSM Certification Programs help you to:

- **Gain practical skills you can use on the job**
IAHCSSM certification programs focus on the knowledge and skills needed to perform real-world job responsibilities.
- **Build your supervisory skills**
Increase your personal effectiveness in general healthcare management and improve your key leadership skills.
- **Become more effective**
When you make professional certification part of your personal training program, you acquire the skills you need to stay current.

Accreditation

IAHCSSM's CRCST certification is accredited by both the American National Standards Institute (ANSI) and the National Commission for Certifying Agencies (NCCA).



The IAHCSSM Certification Council

IAHCSSM is a non-profit organization governed by a Board of Directors. The IAHCSSM Board has established the Certification Council and granted authority to the Certification Council to independently make essential decisions related to standards, policies, and procedures of the certification program. These decisions are made independently of, and under no influence by, any other individual or business entity within or outside of IAHCSSM.

The Certification Council is responsible for the development of the requirements for eligibility, examination, and re-certification for the certification programs as established in the IAHCSSM Bylaws. The Certification Council has developed the certification program to increase the quality of patient care by recognizing competent central service technicians, instrument specialists, and healthcare leaders.

The Certification Council is solely responsible for essential decisions related to the development, administration, and ongoing maintenance of the certification programs. The Certification Council ensures that all application and eligibility requirements, examination development and administration, re-certification requirements, and all certification program policies and procedures are directly related to the scope of the certification programs as stated above. Issues that fall outside of the scope and purpose of the certification programs fall outside of the authority of the Certification Council.

What is Certification

Certification is the process by which a non-governmental agency or association grants recognition of competence to an individual who has met certain predetermined qualifications, as specified by the agency or association.

IAHCSMM provides a mechanism for individuals to be recognized as having the necessary competence to perform the Central Sterile Supply Department roles they seek. This mechanism is called certification.

IAHCSMM offers five certifications:

- Certified Registered Central Service Technician (CRCST)
- Certified Instrument Specialist (CIS)
- Certified Endoscope Reprocessor (CER)
- Certified Healthcare Leader (CHL)
- Certified Central Service Vendor Program (CCSVP)

To remain valid, certification must be maintained annually through the renewal process detailed on page 19.

How to Obtain & Maintain Certification

- Step 1 Prepare for the desired certification exam through self study or a certification course, or based on your personal knowledge from working in the CS field (see pages 5-10 for preparation information for each individual exam.)
- Step 2 Download and review the **IAHCSMM Certification Handbook** and the exam specific application for the certification you wish to achieve (see pages 5-10 for information on individual exams and visit IAHCSMM.org to download the candidate handbook and exam applications – also found in Appendix D.)
- Step 3 Meet the eligibility requirements for the appropriate examination, as shown on pages 5-10, before submitting your application.
- Step 4 When ready to test, and be granted an exam eligibility period, submit the following:
- A completed application form.
 - The appropriate application fee in the form of check (US only), credit/debit card, or money order. All exams taken within the United States and Canada are \$125 USD. All exams taken outside of the US or Canada are \$150 USD.
- Step 5 Upon determination of your examination eligibility you will receive an exam scheduling letter/email granting you permission to take the computer based certification examination within a 90 day period.

Step 6 Schedule an appointment to take the examination within the 90 day eligibility period indicated on your scheduling letter/email. **No extensions will be provided once the 90 days has been granted.** (If testing outside of the US or Canada visit www.prometric.com/iahcsmm or Appendix C for a list of Prometric testing locations in your area.)

Step 7 Take the examination at the Prometric Testing Center of your choice. Upon completion of the examination your preliminary pass/fail result will be immediately issued at the testing center.

Step 8 Your passing examination notice and certification package will be mailed within two weeks. Your certification will be valid for one year and the package will contain information on maintaining your certification.

or

Your failing examination report and retake information will be mailed within one week. You may take the certification exam again, after a six week waiting period, by submitting the retake application provided with your examination report (along with all applicable fees.)

Step 9 Maintain your certification annually by submitting Continuing Education points and certification renewal fees (see page 19 for information on renewing your certification.)

Certified Registered Central Service Technician

The Central Service department, also known as Sterile Processing, provides vital support to all areas of patient care, and interacts with personnel from all areas of the hospital. It is the center of all activity involving supplies and equipment needed for surgery and other patient care areas.

As a Central Service technician, your primary responsibility is to ensure that all instruments used by the medical personnel in your healthcare facility are clean and sterile. This entails performing manual cleaning prior to sterilization, placing cleaned instruments in sterilizers such as autoclaves, and starting and monitoring sterilizers. You also examine equipment for defects and report problems to staff, test autoclaves and record the results, order supplies, assemble instrument trays, distribute supplies, and ensure that sterile supplies are within their expiration date.

IAHCSMM's CRCST certification is accredited by both the American National Standards Institute (ANSI) and the National Commission for Certifying Agencies (NCCA).

CRCST Certification Scope

The Certified Registered Central Service Technician (CRCST) certification program is designed to recognize entry level and existing technicians who have demonstrated the experience, knowledge, and skills necessary to provide competent services as a central service technician. CRCST's are integral members of the healthcare team who are responsible for decontaminating, inspecting, assembling, disassembling, packaging, and sterilizing reusable surgical instruments or devices in a health care facility that are essential for patient safety.

To earn CRCST certification, candidates are required to successfully demonstrate skills through completion of hands-on work experience as well as successful completion of an examination developed to measure the understanding of general central services and infection prevention topics. CRCST certifiants are required to recertify annually through completion of continuing education requirements.

How to Prepare for the Examination

Those interested in becoming a CRCST can prepare in one of the following ways:

- **Online/Distance Learning Course:** Purdue University offers an online or by mail course designed to help prepare individuals for the CRCST exam. You can find out more about the course by calling Purdue at 800.830.0269 or visiting their website distance.purdue.edu/training/cssp/

Please Note: Courses are preparation for the exam; passing a course does not equate to Certification.

- **Self-Study:** You may purchase reference materials and choose to study on your own to prepare for the CRCST exam. The *CS Technical Manual, 8th Ed (2016)* was used for reference in creating the CRCST exam, along with ANSI/AAMI's *ST79 (2017)*, and AORN's *Guidelines for Perioperative Practice (2019)*. You can order these publications through IAHCSMM.org and aornstandards.org

Please Note: IAHCSMM's education department developed the material referenced above as an optional method to assist individuals in preparing for the CRCST exam. The material was developed and produced independently from the Certification Council, which does not develop, require, approve, or endorse any specific training materials.

- **Work Experience:** You may take the exam based on your personal knowledge from experience in the field; it is not required that you take or pass a preparatory course nor study materials on your own. Applicants can apply directly to take the exam without purchasing study materials or enrolling in a course.

CRCST certification requires that you pass the certification exam and complete 400 hours of hands-on experience in a CS department. These hours can be completed before testing or within 6 months of passing the exam. IAHCSMM highly recommends completing, or at least beginning, your hours of experience before testing. Hands-on experience provides an invaluable resource with which to better understand the standards, knowledge, and practices needed to be successful in a CS department and on the CRCST Exam. More information on the accumulation of these hours can be found in the following **Requirements for the Examination: Full & Provisional Certification** section.

Content & Composition of the Examination

The CRCST exam will test your proficiency in these areas:

1. Cleaning, Decontamination & Disinfection
2. Preparation & Packaging
3. Sterilization Process
4. Patient Care Equipment
5. Sterile Storage & Inventory Management
6. Documentation & Record Maintenance
7. Customer Relations

Each of these 7 knowledge domains is comprised of a series of sub-domains which further detail the type and amount of content covered in each section, as well as its weight on the certification exam. For information on the development of the CRCST exam please see Appendix B, page 27, and for the full CRCST exam Content Outline please visit IAHCSMM.org.

The CRCST exam has a total of 150 multiple choice questions. This includes 125 scored and 25 unscored (pretest) questions. Pretest questions are delivered randomly throughout the exam and cannot be distinguished from those that are scored, so it is important that you answer all questions to the best of your ability. Result reports will not include your performance on pretest questions, nor will these pretest questions be used to determine your pass/fail status.

The exam is computer based and no writing instruments are needed (a paper and pencil version of the exam is **not** available.) Candidates have 3 hours to complete the exam. An optional 15-minute tutorial describing how to take the computer-based test precedes the exam and is also available online at IAHCSMM.org/prometric-online-sample-tutorial.html (the test clock does not begin until after the tutorial is ended.) While testing, questions can be marked for review and answered or changed later in the exam. For more information regarding the testing process please see the **Examination Administration** section on pages 15-16.

Requirements for the Examination

As well as passing the certification exam, 400 hours of hands-on experience are required in order to obtain CRCST status. Because of the complex nature of the CS department, firsthand experience is essential to supplement an individual's understanding of CS knowledge and concepts and to illustrate their practical use. The following categories of experience, the tasks that comprise them, and the percentage of time required for each was calculated through a CS Job Task Analysis.

To apply for the CRCST examination you must satisfy the requirements of one of following options:

Full Certification (Recommended)

Complete and provide a supervisor's documentation (on the exam application as indicated) of a minimum of 400 hours of hands-on experience in a Central Sterile Department, on a paid or volunteer basis, prior to testing. These hours must be broken down into the following areas of experience (as fully detailed on the exam application, available at IAHCSMM.org and in Appendix D):

- **Decontamination** (120 Hours)
- **Preparing & Packaging Instruments** (120 Hours)
- **Sterilization & Disinfection** (96 Hours)
- **Storage & Distribution** (24 Hours)
- **Quality Assurance Processes** (24 Hours)
- **Equipment** (16 Hours)

Provisional Certification

Complete and provide a supervisor's documentation of a minimum of 400 hours of hands-on experience in a Central Sterile Department, on a paid or volunteer basis, within 6 months of passing the certification exam. These hours must be broken down into the areas of experience outlined above (and as fully detailed on the exam application, available at IAHCSMM.org and in Appendix D).

Documentation of the completed hours of hands on experience must be submitted to IAHCSMM prior to the 6-month expiration date. Failure to submit these hours within this designated time frame will result in a forfeiture of your provisional CRCST certification and successful completion of a retake exam will be required. All applicable fees will apply to this retake examination.

A one-time, 2-month extension is available to those who are currently working or volunteering within a CS department and approaching the end of their 6 month provisional certification period. An extension request must be made **prior** to the expiration of your provisional status, by the supervisor of the department in which you are completing your hours. Extensions are **not** available to those who are not currently volunteering or employed within a CS department.

Please be aware that **IAHCSMM does not provide placement services**; it is your responsibility to find a department in which to complete your hours.

Certified Instrument Specialist

Technologies change, standards update, and instrumentation evolves. The learning curve for Central Service professionals is steep and ever-changing, and the demands placed on them ever-growing. To help professionals stay abreast of rapidly changing medical technology, IAHCMM offers the Certified Instrument Specialist (CIS) exam, which tests knowledge and recognition of medical instruments, as well as reviewing instrumentation practice skills. The CIS exam will test your proficiency in the identification and cleaning of medical instruments; upon completing and passing the exam you will hold the designation of Certified Instrument Specialist (CIS).

Full CRCST certification must be obtained **prior** to taking the CIS exam, and must be kept current in order to maintain CIS certification.

CIS Certification Scope

The Certified Instrument Specialist (CIS) certification program is designed to recognize individuals who have demonstrated the experience, knowledge, and skills necessary to provide competent services as an advanced instrument specialist in the Central Service Department. CIS's are essential members of the healthcare team who are responsible for demonstrating the knowledge and recognition of medical instruments and instrument support system functions necessary to help ensure the safe and timely delivery of surgical instruments to patients.

To earn CIS Certification, candidates are required to successfully demonstrate skills through the completion of hands-on work experience as well as the successful completion of an examination developed to measure the understanding of all instrument reprocessing functions (including instrument support system functions, instrumentation practice skills, knowledge and recognition of medical instruments, plus CS tech responsibilities.) CIS certificants are required to recertify annually through completion of continuing education requirements.

How to Prepare for the Examination

Those interested in becoming a CIS can prepare in one of the following ways:

- **Self-Study:** You may purchase reference materials and choose to study on your own to prepare for the CIS exam. IAHCMM's *Instrumentation Resource Manual*, 1st Ed (2018) and *CS Technical Manual*, 8th Ed (2016), Rick Schultz's *The World of Surgical Instruments* (2018), and ANSI/AAMI's *ST79* (2017) were used as references in creating the CIS exam. You can order these publications through IAHCMM.org
- **Work Experience:** You may take the exam based on your personal knowledge from experience in the field; it is not required that you take or pass a preparatory course nor study materials on your own. Applicants can apply directly to take the exam without purchasing study materials or enrolling in a course.

Please Note: IAHCMM's education department developed the material referenced above as an optional method to assist individuals in preparing for the CIS exam. The material was developed and produced independently from the Certification Council, which does not develop, require, approve, or endorse any specific training materials.

CIS certification also requires the completion of 200 hours of hands-on experience in a CS Department prior to testing. Hands-on experience provides an invaluable resource with which to better understand the standards, knowledge, and practices needed to be successful in a CS Department and on the CIS Exam. More information on the accumulation of these hours can be found in the following **Requirements for the Examination** section.

Content & Composition of the Examination

The CIS exam will test your proficiency in these areas:

1. Instrument Cleaning & Decontamination Processes
2. Instrument Identification
3. Instrument Inspection, Testing & Assembly
4. Preparation & Packaging
5. Sterilization & High-Level Disinfection (HLD)
6. Human Factors Impacting Instrument Systems

Each of these 6 knowledge domains is comprised of a series of sub-domains which further detail the type and amount of content covered in each section, as well as its weight on the certification exam. For information on the development of the CIS exam please see Appendix B, page 27, and for the full CIS exam Content Outline please visit IAHCMM.org.

The CIS exam has a total of 150 multiple choice questions. This includes 125 scored and 25 unscored (pretest) questions. Pretest questions are delivered randomly throughout the exam and cannot be distinguished from those that are scored, so it is important that you answer all questions to the best of your ability. Result reports will not include your performance on pretest questions, nor will these pretest questions be used to determine your pass/fail status.

The exam is computer based and no writing instruments are needed (a paper and pencil version of the exam is **not** available.) Candidates have 3 hours to complete the exam. An optional 15-minute tutorial describing how to take the computer-based test precedes the exam and is also available online at IAHCMM.org/prometric-online-sample-tutorial.html (the test clock does not begin until after the tutorial is ended.) While testing, questions can be marked for review and answered or changed later in the exam. For more information regarding the testing process please see the **Examination Administration** section on pages 15-16.

Requirements for the Examination

Current CRCST status is required in order to take the CIS examination. Additionally, you must complete and provide documentation (on the exam application as indicated) of a minimum of 200 hours of hands-on experience in a CS Department, on a paid or volunteer basis, prior to applying to take the exam. These hours must be broken down into the following areas of experience (as fully detailed on the exam application, available at IAHCSMM.org and in Appendix D):

- **Instrument Decontamination** (92 hours)
- **Instrument Assembly** (92 hours)
- **Instrument Information System Management** (12 hours)
- **Surgery Observation** (4 hours)

Certified Endoscope Reprocessor

In recent years, few areas of sterile processing have seen such rapid, and necessary, change as endoscope reprocessing. To help insure that endoscope reprocessing professionals have the knowledge and skills necessary to handle this rapidly evolving specialty, IAHCMM has developed the Certified Endoscope Reprocessor (CER) exam.

The Certified Endoscope Reprocessor exam will test your proficiency in regard to the pre-cleaning, testing, decontamination, inspection, disinfection and/or sterilization, transport, and storage of endoscopes in accordance with industry standards, guidelines and regulations, and manufactures' instructions for use.

CER Certification Scope

Certified Endoscope Reprocessor (CER) certification is designed to recognize individuals who have demonstrated the knowledge and skills necessary to pre-clean, test, decontaminate, inspect, disinfect and/or sterilize, transport, and store endoscopes in accordance with industry standards, guidelines and regulations, and manufacturers' instructions for use. CERs are crucial members of the healthcare team who are responsible for endoscope preparation, which is critical for patient safety in a healthcare facility.

To earn CER certification, candidates are required to successfully demonstrate skills through completion of hands-on work experience as well as successful completion of an examination developed to measure the understanding of endoscope care and handling and infection prevention. CER certificants are required to recertify annually through completion of continuing education requirements.

How to Prepare for the Examination

Those interested in becoming a CER can prepare in one of the following ways:

- **Self-Study:** You may purchase reference materials and choose to study on your own to prepare for the CER exam. IAHCMM's *Endoscope Reprocessing Manual*, 1st Ed (2017.) was used as a reference in creating the CER exam, along with ANSI/AAMI's *ST91* (2015), and the following articles by the Society of Gastroenterology Nurses & Associates (SGNA): *Standard of Infection Prevention in the Gastroenterology Setting* (2019), and *Standards for Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes* (2018.)

You can order the IAHCMM and ANSI/AAMI publications through the IAHCMM.org and download the SGNA articles at SGNA.org/Practice/Standards-Practice-Guidelines

Please Note: IAHCMM's education department developed some of the materials referenced above as an optional method to assist individuals in preparing for the CER exam. They were developed and produced independently from the Certification Council, which does not develop, require, approve, or endorse any specific training materials.

- **Work Experience:** You may take the exam based on your personal knowledge from experience in the field; it is not required that you take or pass a preparatory course nor study materials on your own. Applicants can apply directly to take the exam without purchasing study materials or enrolling in a course.

CER certification also requires the completion of three months of hands-on experience reprocessing endoscopes **prior** to testing. Because of the complex nature of endoscopes, firsthand experience is essential to supplement an individual's understanding of the necessary knowledge and concepts of reprocessing, and to illustrate their practical use. More information on the accumulation of these hours can be found in the following **Requirements for the Examination** section.

Content & Composition of the Examination

The CER exam will test your proficiency in these areas:

1. Microbiology and Infection Control
2. Endoscope Purpose, Design & Structure
3. Work Area Design
4. Endoscope Reprocessing Steps
5. Endoscope Handling, Transport & Storage
6. Endoscope Tracking, Repair & System Maintenance
7. Human Factors That Impact Endoscope Systems

Each of these 7 knowledge domains is comprised of a series of sub-domains which further detail the type and amount of content covered in each section, as well as its weight on the certification exam. For information on the development of the CER exam please see Appendix B, page 27, and for the full CRCST exam Content Outline please visit IAHCMM.org.

The CER exam has a total of 150 multiple choice questions. This includes 125 scored and 25 unscored (pretest) questions. Pretest questions are delivered randomly throughout the exam and cannot be distinguished from those that are scored, so it is important that you answer all questions to the best of your ability. Result reports will not include your performance on pretest questions, nor will these pretest questions be used to determine your pass/fail status.

The exam is computer based and no writing instruments are needed (a paper and pencil version of the exam is **not** available.) Candidates have 3 hours to complete the exam. An optional 15-minute tutorial describing how to take the computer-based test precedes the exam and is also available online at IAHCMM.org/prometric-online-sample-tutorial.html (the test clock does not begin until after the tutorial is ended.) While testing, questions can be marked for review and answered or changed later in the exam. For more information regarding the testing process please see the **Examination Administration** section on pages 15-16.

Requirements for the Examination

You must complete and provide documentation (on the exam application as indicated) of a minimum of three months of hands-on experience prior to applying to take the exam. These hours must include the following areas of experience (as also detailed on the exam application, available at IAHCSMM.org and in Appendix D): pre-cleaning, testing, decontaminating, inspecting, disinfecting and/or sterilizing, transporting, and storing endoscopes.

Certified Healthcare Leader

A safe, efficient, quality-driven Central Service department cannot be maintained without a skilled and knowledgeable leader at the helm. Those in CS leadership positions have the power – and the responsibility – to ensure that their department is poised to tackle that critical goal effectively, consistently, and responsibly.

The IAHCSSM Certified Healthcare Leader exam will test your proficiency in management and supervisory skills, and upon completing and passing the exam you will hold the designation of Certified Healthcare Leader (CHL).

Full CRCST certification must be obtained *prior* to taking the CHL exam, and must be kept current in order to maintain your CHL certification.

CHL Certification Scope

The Certified Healthcare Leader (CHL) program is designed to recognize individuals who have demonstrated the management and supervisory skills necessary to provide effective leadership in the Central Service Department. CHL's are indispensable members of the healthcare team who are responsible for managing the daily operations of the Central Service Department including standards and regulation compliance, finance, reporting, staffing, human resource management, and inter- and intra-departmental communications.

To earn CHL certification, candidates are required to demonstrate skills through the successful completion of an examination developed to measure the understanding of general central service, infection prevention, and management topics. CHL certificants are required to recertify annually through completion of continuing education requirements.

How to Prepare for the Examination

Those interested in becoming a Certified Healthcare Leader (CHL) can prepare in one of the following ways:

- **Distance Learning Course:** Purdue University offers a correspondence course by mail designed to help prepare individuals for the CRCST exam. You can find out more about the course by calling Purdue at 800.830.0269 or visiting their website distance.purdue.edu/training/cssp/

Please Note: Courses are preparation for the exam; passing a course does not equate to Certification.

- **Self Study:** You may purchase reference materials and choose to study on your own to prepare for the CHL exam. The *CS Leadership Manual*, 1st Ed (2010) was used for reference in creating the CRCST exam, along with IAHCSSM's *CS Technical Manual*, 8th Ed (2016), ANSI/AAMI's *ST79* (2017), and AORN's *Perioperative Standards and Recommended Practices* (2018.) You can order these publications through IAHCSSM.org and aornstandards.org

Please Note: IAHCSSM's education department developed the materials referenced above as an optional method to assist individuals in preparing for the CHL exam. The materials were developed and produced independently from the Certification Council, which does not develop, require, approve, or endorse any specific training materials.

- **Work Experience:** You may take the exam based on your personal knowledge from experience in the field; it is not required that you take or pass a preparatory course nor study materials on your own. Applicants can apply directly to take the exam without purchasing study materials or enrolling in a course.

Content & Composition of the Examination

The CHL exam will test your proficiency in these areas:

- Cleaning, Decontamination & Disinfection
- Preparation & Packaging
- Sterilization Process
- Patient Care Equipment
- Sterile Storage & Inventory Management
- Documentation & Record Maintenance
- Customer Relations

Each of these 7 knowledge domains is comprised of a series of sub-domains which further detail the type and amount of content covered in each section, as well as its weight on the certification exam. For information on the development of the CHL exam please see Appendix B, page 27, and for the full CHL exam Content Outline please visit IAHCSSM.org.

The CHL exam has a total of 150 multiple choice questions. This includes 125 scored and 25 unscored (pretest) questions. Pretest questions are delivered randomly throughout the exam and cannot be distinguished from those that are scored, so it is important that you answer all questions to the best of your ability. Result reports will not include your performance on pretest questions, nor will these pretest questions be used to determine your pass/fail status.

The exam is computer based and no writing instruments are needed (a paper and pencil version of the exam is **not** available.) Candidates have 3 hours to complete the exam. An optional 15-minute tutorial describing how to take the computer-based test precedes the exam and is also available online at IAHCSSM.org/prometric-online-sample-tutorial.html (the test clock does not begin until after the tutorial is ended.) While testing, questions can be marked for review and answered or changed later in the exam. For more information regarding the testing process please see the **Examination Administration** section on pages 15-16.

Requirements for the Examination

To apply for the CHL examination current CRCST status is required. The application itself is available at IAHCSSM.org and in Appendix D.

Certified Central Service Vendor Program

As a vendor, it can take a long time to set an appointment with a Central Service management team, and you are lucky to receive a few precious minutes of their undivided attention. Having in-depth knowledge of CS operations, procedures, and terminology can be your key to establishing a professional link with the department's decision-makers. One of the best ways to improve your CS knowledge is to become an IAHCMM Certified Central Service Vendor Partner (CCSVP).

Completing the CCSVP course and obtaining your certification will help to open doors for you in CS. The management team will know that as a Certified Vendor you are well versed in the departmental operations and the difficulties their staff encounter daily. The CCSVP course will give you an inside look at CS, building your knowledge from decontamination all the way to the key decision-making protocols. You will achieve a deeper level of connection and credibility with your customers. When you are CCSVP certified, you are more than a salesperson. You are a solution provider.

CCSVP Certification Scope

The Certified Central Service Vendor Partner (CCSVP) certification program is designed to recognize vendors who have demonstrated knowledge of Central Service concepts and processes including the decontamination, inspection, assembly, packaging, and sterilization of reusable surgical instruments.

To earn CCSVP certification, candidates are required to successfully demonstrate knowledge through the completion of an online course, specific Central Service Department observations, and successful completion of an examination developed to measure the understanding of general central services and infection prevention topics. CCSVP are required to recertify annually through completion of continuing education requirements.

How to Prepare for the Examination

To study for the CCSVP certification, the following course is required:

- **Online Course:** IAHCMM offers an online course that is designed to prepare vendors for the CCSVP exam. You can find out more about the course by calling 800.962.8274 or by visiting IAHCMM.org

Please Note: The course is preparation for the exam; passing the course does not equate to Certification.

Content & Composition of the Examination

The CCSVP exam will test your proficiency in these areas:

- Introduction to the Central Service Department
- CS Processes: Decontamination
- CS Processes: Assembly & Packaging
- CS Processes: Sterilization
- Inventory Management/Distribution Systems & Vendor Relationships
- The Impact of Regulations & Standards on CS

The exam is computer based and no writing instruments are needed (a written version of the exam is **not** available.) The test is comprised of 150 multiple choice questions and you will have 2.25 hours to complete the exam. Questions can be marked for review and answered or changed later in the exam. A 15 minute tutorial describing how to take the exam on the computer precedes the test and is also available online by visiting IAHCMM.org. For more information regarding the testing process please see the **Examination Administration** section on pages 15-16.

The CCSVP exam has a total of 150 multiple choice questions. The exam is computer based and no writing instruments are needed (a paper and pencil version of the exam is **not** available.) Candidates have 2¼ hours to complete the exam. An optional 15-minute tutorial describing how to take the computer-based test precedes the exam and is also available online at IAHCMM.org/prometric-online-sample-tutorial.html (the test clock does not begin until after the tutorial is ended.) While testing, questions can be marked for review and answered or changed later in the exam. For more information regarding the testing process please see the **Examination Administration** section on pages 15-16.

Requirements for the Examination

To sit for the CCSVP examination two rounds of clinical observation are required. You must complete and provide documentation (on the exam application as indicated) of a minimum of 32 hours of observation prior to applying to take the exam. The hours must be split equally between the two healthcare facilities and broken down into the following areas of experience at each (as fully detailed on the exam application, available at IAHCMM.org and in Appendix D:

- **Decontamination** (5 Hours)
- **Inspection, Assembly, and Packaging** (5 Hours)
- **Sterilization** (4 Hours)
- **Sterile Storage & Distribution Systems** (2 Hours)

All hours of observation must be completed in full before applying to take the exam.

Please Note: The cost of the online CCSVP course includes one attempt at the CCSVP certification exam. Any necessary retake exams would be subject to the full exam fee of \$125 USD.

Completing & Processing Exam Applications

IAHCSMM has contracted with the Prometric Testing Company to provide our certification exams worldwide. Exam appointments cannot be made with the testing company without first submitting an application and payment to IAHCSMM and then receiving your scheduling information. Applications must be mailed or faxed to IAHCSMM Headquarters (applications and payment **cannot** be submitted online or by phone.) Once received, your application will be reviewed to determine completion of all eligibility requirements. You will be notified if any documentation or information is missing that requires you to resubmit your application.

The exam application process works like this:

- Step 1 Make sure you have the appropriate and most current application form. Each IAHCSMM certification exam has its own specific application, valid only for that particular examination. Carefully review the eligibility requirements for your exam (as detailed on pages 5-10) to ensure that you meet all the requirements as specified. An application and fee must be submitted every time you wish to sit for a certification test.
- Step 2 IAHCSMM does not impose any deadline dates for the submission of applications. Complete and submit an application only when you are ready to be granted a 90 day testing eligibility. **No testing eligibility extensions are available**, so please do not submit your application until you are ready to take the certification exam within the next 90 days.
- Step 3 Be sure to clearly print all information on the application. Illegible or cursive writing will lead to delays and may result in an inability to process your request to take an exam.
- Step 4 All sections of the application must be completed (unless otherwise specified.) Any mandatory sections submitted as blank or missing information will result in your application being returned to you.
- Step 5 Payment must be rendered, in full, at the time of the submission of your application. The full exam fee is required for every exam taken (including any retake attempts.) Exam applications received without payment cannot be processed and will be returned. Likewise, payments received without an application will also be returned.

If paying by credit/debit card, you may scan and email (certification@iahcsmm.org), fax (1.312.440.9474), or mail your completed application with payment information. If paying by check or money order, you must mail your completed application with payment to the following address (**do not send cash**):

IAHCSMM, Attn: Examinations
55 W Wacker Dr, Suite 501 Chicago, IL 60601

Please Note: All Canadian and other non-US payments must be made by either credit/debit card or money order made out in US funds (IAHCSMM cannot accept checks drawn on non-US currencies).

- Step 6 Once your application and payment have been received in our office, processing will take approximately 5-7 business days. Information on scheduling your exam, available testing dates and locations, and the testing process details will be mailed to the address provided on the application. Please allow an additional 3-5 business days for this information to be delivered by the US Postal Service. You may also request the information be sent to you electronically by providing an email address on the application where indicated. Email notifications will be sent within 24 hours of application processing. Scheduling information **cannot** be given by phone.
- Step 7 Once you receive your scheduling letter or email it is your responsibility to schedule your exam. Information will be provided for you to schedule your exam, online or by phone, at the nearest Prometric testing site. Further, it is your responsibility to arrange your own transportation to/from the testing site, arrive on time, and provide acceptable forms of identification.

For more information regarding the testing process please see the **Examination Administration** section on pages 15-16.

Verification of Examination Requirements

If hands-on experience (CRCST, CIS, and CER) or clinical observation (CCSVP) is required for your examination then documentation of that experience must be provided on the exam application as indicated. No other documentation is necessary or acceptable.

The sections of the application documenting your experience must be completed by the department's supervisor who directly oversaw your work, and must be accrued within the past 3 (CER) or 5 (CRCST, CIS, CCSVP) years. An individual in a leadership role within the department **cannot** document their own experience. They are still required to have their immediate supervisor complete all required documentation.

Provided they are in a position above your own then experience hours can be documented by:

- Lead Techs, Coordinators, or Supervisors
- Managers, Chiefs, Directors, or Administrators
- Hospital-Based Educators or Trainers

Hours **cannot** be documented by technicians or private instructors. In order to verify experience, all contact information provided for the manager or supervisor documenting your hours must be current or your application will be rejected.

Hands-on hours can be accumulated on a paid or volunteer basis and you need not be currently employed or volunteering with a facility in order to test. All hours must be completed prior to testing, with the exception of those testing provisionally for the CRCST exam (see the CRCST **Requirements for the Examination: Full & Provisional Certification** section on page 6).

Applications requiring hands-on experience may be subject to verification before processing. Once selected for verification an application cannot be processed further until the supervisor documenting the applicant's hours of experience can be contacted and the experience confirmed. If the listed supervisor cannot be reached for confirmation the application will be returned unprocessed. If the supervisor is reached but refutes the information submitted in any way, the application will be sent to the Certification Council for further investigation and review (see the following **Falsified & Misleading Application Documentation** section.)

Applicants who have submitted a completed application and who are notified that they do not meet the eligibility requirements may appeal this decision by sending a written notice of the appeal to the Certification Council within 30 days of the time stamp on the eligibility decision. Appeals that cannot be resolved to the applicant's satisfaction will be forwarded by the Certification Director to the Council for review along with any relevant information from the initial review of the application. Written notice of the final decision will be sent to the applicant within 30 days of the review. The decision of the CC will be final.

Falsified & Misleading Application Documentation

All information provided by and about you on the exam application (and any other subsequent forms submitted in relation to the application) must be accurate and correct. If any information provided on an exam application or any other document relating to your certification is determined to be false or purposefully misleading IAHCMM can reject your application and disqualify you from future testing. The IAHCMM Certification Council will review all such instances and determine the appropriate recourse, including the invalidation of test results, the revocation of any certifications which have been granted, and/or the denial of re-certification.

Refunds & Forfeiture of Exam Fees

All requests for refunds must be made **within** 30 days of the start of your testing eligibility and **before** an exam appointment has been made.

Failure to schedule and take an exam within the allotted 90 day testing eligibility, missing or arriving late for an appointment, or presenting ID that is unacceptable, expired, or does not match your registered name (as provided on your exam application), will prohibit you from testing and effectively end your exam eligibility period. Your exam fee will be forfeited and you will not be eligible for any refund. The application process must be

repeated and full payment submitted, when you are ready to have a new test eligibility granted.

Change of Name and/or Address

Any name changes due to marriage, divorce, or other reasons, as well as any corrections needed due to typos/misspellings, must be made with IAHCMM **before** scheduling an exam. Legal name changes must be accompanied by a photocopy of a marriage license, divorce decree, or other court order and faxed to 1.312.440.9474 or mailed to IAHCMM, 55 W Wacker Dr, Suite 501, Chicago, IL 60601. Failure to change or correct your name prior to testing may result in an inability to test and a forfeiture of all exam fees.

If your address changes or needs corrected from what appears on your scheduling information please contact IAHCMM prior to your test date by calling 800.962.8274 or emailing certification@iahcmm.org.

All changes must be made directly with IAHCMM, name and/or address changes **cannot** be made at the test center.

Non-Disclosure Agreement

This examination is confidential and proprietary. It is made available to you, the examinee, solely for the purpose of becoming certified in the technical area referenced in the title of this exam. You are expressly prohibited from recording, copying, reproducing, disclosing, publishing, or transmitting this examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the express written permission of IAHCMM.

Use of Personal Information

The information provided to IAHCMM on your exam application, and in regard to your certification exam, will be used in accordance of IAHCMM's **Confidentiality Policy** in Appendix A, page 25. If you request and are granted special testing accommodations (see the following **Applicants with a Disability** section) IAHCMM will disclose personal information to third parties as necessary to administer your examination. This may include such information as your disability status, medical condition, or any political, religious, or philosophical beliefs which require accommodation.

Applicants with a Disability

Please notify IAHCSSM in writing at the time of application if you wish to request testing accommodations.

In accordance with the “Americans with Disabilities Act” (ADA), IAHCSSM will arrange to provide special testing accommodations for those individuals with a condition or disability as defined under the ADA. Accommodations will be provided at a designated testing center at no additional cost to the applicant. If you believe that you qualify for an accommodation pursuant to the ADA, the Special Accommodations Request form can be found in Appendix D, page 43.

Documentation from an appropriate professional who has made an assessment of the applicant’s condition or disability must be included with this form and must identify the condition or disability and the need for the requested accommodation.

Americans with Disabilities Act Policy Statement

IAHCSSM is committed to complying with all applicable provisions of the Americans with Disabilities Act of 1990, as amended by the ADA Amendments Act of 2008 (the “ADA, as amended”). It is IAHCSSM’s policy not to discriminate against any qualified applicant with regard to any term or condition associated with any examination administered by IAHCSSM. Consistent with this policy, IAHCSSM will offer and conduct all examinations in a place and a manner in compliance with the ADA, as amended, to assure accessibility to qualified persons with disabilities. IAHCSSM also will provide a reasonable accommodation to a qualified person with a disability, as defined by the ADA, as amended, who has made IAHCSSM aware of his/her disability, provided that the accommodation does not fundamentally alter the measurement of the skills or knowledge associated with the examination and does not constitute an undue hardship on IAHCSSM.

IAHCSSM also will not discriminate against any person because of his/her known association or relationship with any person with a known or perceived disability.

IAHCSSM encourages any examination applicant with a disability to come forward and request a reasonable accommodation. Any examination applicant with a disability who believes he/she needs a reasonable accommodation to participate in the examination should contact the IAHCSSM Exams Department.

Procedure for Requesting an Accommodation

Upon receipt of a request for an accommodation, IAHCSSM’s Exams Department will contact the examination applicant, or his/her authorized personal representative, to discuss and identify the precise limitations resulting from the disability and the possible accommodation that IAHCSSM might provide to help overcome those limitations.

The determination regarding what might be a reasonable accommodation for an applicant claiming to have a disability in order to assure equal and fair access to the examination being administered will be made on a case-by-case basis. IAHCSSM will determine the feasibility of any accommodation, including the specific accommodation requested by the applicant, taking into account all relevant circumstances including, but not limited to: the nature of the claimed disability; the nature and cost of the accommodation; IAHCSSM’s overall financial resources and organization; and the accommodation’s impact on certification operations and security. Based upon the circumstances of the case, IAHCSSM may provide: appropriate auxiliary aids or services for an applicant with a sensory, manual, or speaking impairment; and/or modifications to the manner in which the test is administered. IAHCSSM will seek to determine an accommodation that best ensures that the test is administered: to reflect the aptitude, achievement level, or whatever other factor the examination purports to measure, rather than the disability of an applicant; to assure accessibility in the facility where the examination is administered.

IAHCSSM will inform the applicant of its decision pertaining to the accommodation request. If the accommodation request is denied, the applicant may appeal the decision by submitting a written statement to IAHCSSM’s Certification Council explaining the reasons for the request. If the request on appeal is denied, that decision is final.

Procedure for Reporting Discrimination

An applicant who has questions regarding this policy or believes that he/she has been discriminated against based upon a disability should notify IAHCSSM’s Certification Council. All such inquiries or complaints will be treated as confidential to the extent permissible by law.

Scheduling Your Exam

All IAHCSSM certification exams are administered by the Prometric Testing Company. Once your exam application has been received and processed by IAHCSSM you will be sent the information necessary to schedule an exam date with Prometric, either by phone or online.

When you receive your Scheduling Letter/Email verify all information for accuracy. If any changes need to be made to your name they must be done **before** scheduling an appointment. Your first and last name(s) as listed on your letter/email must match exactly the name presented on your identification at the testing center. Middle names/initials are not important and will not be checked. For example:

| If the Name on Your ID is: | Then it Should Appear as: |
|----------------------------|---------------------------|
| • John A. Doe | • John Doe |
| • Jane B. Doe-Smith | • Jane Doe-Smith |
| • John C. Doe Jones | • John Doe Jones |
| • Jane Ann D. Doe | • Jane Ann Doe |
| • John E. Doe Jr | • John Doe Jr |
| • J. Francine Doe | • J. Francine Doe |

You may schedule an appointment to take the examination at your convenience any day the testing center is open (typically at least 6 days a week) within your 90-day testing eligibility. **Please be aware that no extensions will be granted, regardless of circumstance.**

You must schedule an exam a minimum of 48 hours prior to your desired test time. Seating is available on a first come, first served basis, and it is strongly recommended to schedule all appointments at least 45 days earlier than your eligibility expiration. If you wait to schedule until the end of your eligibility you may face seating limitations and even run the risk of your local center not having any openings, thereby forfeiting your exam fee.

A confirmation letter can be printed or emailed from the Prometric website after you make your appointment. The confirmation letter is for your records and is not required in order to take the examination. Applicants are solely responsible for making and keeping their scheduled examination appointment date. Your exam appointment can be verified via Prometric's website or toll free number.

Rescheduling Your Appointment

An appointment can be rescheduled **no later** than noon EST, two (2) business days in advance of your test date. (For example: an appointment on Wednesday cannot be rescheduled after 12:00 noon EST on Monday; an appointment on Saturday, Sunday, or Monday cannot be rescheduled after 12:00 noon EST on Thursday.)

Appointments can be rescheduled online (available 24 hours a day) or by phone (available Mon-Fri, 9am to 5pm EST.) In order to reschedule an exam you will need your Prometric confirmation number. **Any additional fees are paid directly to Prometric at the time of rescheduling.**

Missed Exams

Candidates who fail to show for a scheduled exam will be considered a No-Show and will forfeit their application and payment. A new application and additional exam fee must then be submitted to IAHCSSM before a new appointment can be scheduled.

Candidates who arrive later than their scheduled exam start time are subject to availability, and may not be able to take their exam. They will then be considered a No-Show and required to reapply and repay for a new testing eligibility.

Candidates who appear at the testing center without valid identification (see **Examination Administration**, pages 15-16) will not be permitted to test. Likewise, candidates whose first and last names, as listed on their identification, do not match the information they registered with will not be permitted to test. If you are unable to test due to invalid identification you will then be required to reapply and pay the full fee for another examination period.

Reapplying for Examination

If for any reason you need to retake an exam you may do so by submitting a retake application (available at IAHCSSM.org and sent with your exam results) and full exam fee. For more information please see the **Retesting & Maximum Number of Exam Attempts** section on page 17.

Examination Administration

All IAHCSSM certification exams are administered exclusively through Prometric Testing, the global leader in technology-enabled testing and assessment services for information technology certification, academic admissions, and professional licensure and certifications. Prometric has a global network of site-based testing facilities, giving convenient access, as well as a wide selection of times and dates for testing, to test takers anywhere in the world. With more than 20 years of experience, Prometric has unrivaled reach and industry experience. Each year, Prometric delivers an average of 10 million exams for more than 400 organizations around the world. Of those more than 65 of the world's leading healthcare organizations trust Prometric to provide secure, reliable testing and assessment solutions on their behalf. The partnership between IAHCSSM and Prometric offers the only secure, daily examination process within the Central Service field.

For information regarding international testing and a list of international locations please see Appendix C, page 28, or visit www.prometric.com/iahcssm.

What to Bring to the Test Center

When arriving to take your exam, the Prometric representative on site will ask for **one** form of ID showing both your current photo and signature. Any form of ID presented must be current and non-expired, and **exactly** match the first and last name(s) provided on your application and appearing on your scheduling letter. Any typos/misspellings or change of name(s) due to marriage, divorce, or other reasons must be made with IAHCSSM **prior** to scheduling an exam.

Make sure to bring at least one form of identification from the following **List of Acceptable Identification** (all of which must have **both a current photo and signature**):

- Non-expired Driver's License
- Non-expired State/Federal Government ID Card
- Non-expired Passport
- Non-expired Employee ID Card
- Non-expired Military ID card
- Non-expired Student ID card

All other forms of identification (credit cards, check cashing cards, voter registration cards, social security cards, etc.) are **not** valid, and if presented will **not** be accepted. Likewise, the above acceptable identifications will **not** be accepted if they are expired or do not contain your photo, signature and matching name.

Failure to have the necessary identification on site for scheduled appointments, or if the photo identification shown does not match **exactly** to the records submitted from your original application (or updates made before an exam was scheduled), will prohibit you from sitting for the exam, forfeiting the application and fees. The application process will then have to be repeated for further certification attempts including the submission of another full exam fee.

Please remember, failure to schedule and take an exam within the allotted 90 day window, missing or arriving late for an appointment, or presenting ID that is unacceptable, expired, or does not match your registered name, will all prohibit you from testing and effectively end your exam eligibility period. Your exam fee will be forfeited and the application process must be repeated.

Personal & Prohibited Items

Wear comfortable, layered clothing as test center temperatures may vary. Any clothing or jewelry items allowed to be worn in the test room must remain on your person at all times. Removed clothing or jewelry items must be stored in your locker. If you are noise sensitive, earplugs or noise-blocking headphones may be available at the testing center (ask the test administrator for a pair.)

No personal belongings are allowed into the testing lab. A private locker will be provided for you in which to store your personal effects including, but not limited to: outerwear, hats, food, drinks, purses, wallets, briefcases, notebooks, pagers, cell phones, keys, coins, recording devices, and photographic equipment. You are not permitted to bring anything but your ID and locker key into the testing lab. Calculators will not be necessary, but writing material will be provided to you for any notes you wish to make while testing. All writing material is collected at the end of your exam and may not be removed from the testing center.

While you are welcome to take as many breaks as you wish while testing, the clock will keep running on your exam and you **cannot** access any cell phones, notes, or study materials, nor leave the testing facility.

Taking the Test

You must arrive for your test a minimum of 30 minutes prior to your scheduled start time. Candidates who arrive later than their scheduled exam start time, for any reason, are subject to availability and may not be able to take the exam, resulting in a No-Show, thereby forfeiting the exam fee. If someone else is transporting you to the testing center please be aware that persons not scheduled to take a test are not permitted to wait in the test center.

You will be given a list of test center rules and regulations and be asked to check all personal belongings in a private locker (see **Personal & Prohibited Items**, page 15.) You must keep your ID and locker key with you at all times, and nothing else. If you need access to an item stored in your locker during a break, such as food or medicine, you must inform the test proctor before you retrieve the item. You are not allowed to access any prohibited items, such as cell phones, notes, or study materials.

Prior to every entry to the testing lab you will be scanned with a metal detector wand and asked to empty and turn your pockets inside out to confirm that you have no prohibited items. If you refuse, you cannot test. You will be continuously monitored by video, physical walk-throughs, and the observation window during your test. All testing sessions are video and audio recorded.

You may take unscheduled breaks at any time during your exam, but the test clock will continue to run. Repeated or lengthy departures from the test room will be reported by the test center administrator.

Once seated in the testing lab the computer will have a screen asking you to verify that you are the person whose name is listed. Click "Yes" to launch the test, unless you are not the person whose name appears. Clicking "No" will end the exam.

A 15 minute tutorial describing how to take the computer based exam precedes the test and is also available online at IAHCSMM.org. Time spent reviewing the tutorial does not affect the allotted time for the actual examination. When finished with the tutorial click "End" to launch your exam.

All questions are multiple choice and can be marked for review and returned to later. You can move forward and backward through the exam using the "Previous" and "Next" buttons. You can select a question to return to later with the "Mark" button and return to marked or unmarked questions at any time during the exam. When you are completely finished you can conclude the exam by selecting "End". Once you have ended the exam it cannot be re-launched, so please be sure you are finished before doing so.

A brief, optional survey follows the exam after which you will receive a pass/fail notification (both on screen and from the test administrator.)

Cancellation of Examinations Due to Bad Weather or Other Emergencies

Sometimes unforeseen circumstances, such as bad weather, electrical failure, or other emergencies, may require a test center to unexpectedly close. Should this happen, Prometric will make every effort to contact you in advance of your appointment. Prometric will try contacting you by e-mail and by telephone, so please make sure that the contact information you provide during the scheduling and registration process is accurate. You may also check for test site closures by calling Prometric.

Should your test center unexpectedly close for any reason, you will be contacted by the Prometric rescheduling department within 48-72 hours to reschedule your appointment.

If a testing center is open for testing and you choose not to appear for your appointment, your fee will be forfeited. You must then reapply for your examination and pay another full examination fee.

Cheating & Misconduct

If a Prometric test proctor suspects or determines that you have engaged in inappropriate conduct during the examination (such as, but not limited to, giving or obtaining unauthorized information or aid; accessing cell phones, notes, or study materials; unauthorized exiting of the testing facility; attempting to test for someone else; removing or attempting to remove note paper from the testing center; abusive or inappropriate behavior towards a test center employee or fellow test taker; etc) your examination session can be terminated and you will be unable to complete your examination. Any and all suspicious behavior will be reported to IAHCSMM and reviewed by the Certification Council.

Candidates are expressly prohibited from recording, copying, reproducing, disclosing, publishing, or transmitting any IAHCSMM examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose. Anyone caught or suspected of violating these guidelines will be reported to IAHCSMM and reviewed by the Certification Council.

The IAHCSMM Certification Council will review all such instances of misconduct, cheating, or alleged cheating. As described in the disciplinary policy, the Certification Council will determine the appropriate recourse, up to and including the invalidation of the results of your examination, the revocation of any certifications which have been granted, and/or your temporary or permanent disqualification from future testing with IAHCSMM.

Examination Results

Upon completion of your exam you will be notified at the test center whether you have passed. Upon passing your exam a certification package, containing your new certification documents, will be mailed to you within two weeks. If you do not pass, an exam result report, along with information on retesting, will be mailed to you within a week. For security purposes test results **cannot** be given by email or phone.

Upon becoming certified, and with every annual renewal, you will be issued a certificate for each certification you hold. The certificate(s) will detail the scope and dates of your certification(s) and can be used as a primary source document to verify your certification.

Determination of a Passing Score

The CRCST, CIS, CER, and CHL exams each have a total of 150 multiple choice questions. Each examination includes 125 scored (operational) questions and 25 unscored (pretest) questions. The pretest questions cannot be distinguished from those that are scored, so it is important that you answer all questions to the best of your ability. When an exam is scored, candidates are awarded one point for every correct answer and zero points for incorrect answers to produce a raw score. Your pass/fail status is determined by the total number of scored questions you answer correctly. (Pretest questions are analyzed for statistical and psychometric performance prior to their use as operational questions and are not used for scoring purposes.)

The passing points for the CRCST, CIS, CER, and CHL exams were established using a criterion-reference technique. The methodology used to set the minimum passing scores for each exam was the Angoff procedure, supplemented by the Beuk Relative-Absolute Compromise method. This universally accepted psychometric procedure uses content experts to estimate the passing probability of each question on the examination. These estimates and difficulty predictions are analyzed by psychometricians to provide a recommended passing point to IAHCMM's Certification Council for approval.

CRCST, CIS, CER & CHL Examination Results

After you have finished an exam and completed the survey evaluating your testing experience, you will receive an on-screen Pass/Fail notification for the CRCST, CIS, CER, and CHL. Within an hour of completing the test, this notification will also be emailed to the address you provided to the testing company when scheduling your appointment.

If you achieve a passing result, within two weeks IAHCMM will mail you a passing notification, certificate, and information on maintaining your new certification. If you do not achieve a passing result, IAHCMM will mail you a result report and retake information. Result reports include an overview of each of an exam's knowledge domains. These section scores will show your performance as "At or Above", "Below", or "Well Below" in order to indicate your areas of strength and weakness.

For more information regarding what areas each of the section scores cover please see the CRCST, CIS, CER, and CHL **Content & Composition** sections on pages 5, 7, 9, and 11, and the Exam Content Outlines, available online at IAHCMM.org.

Please Note: Section score diagnostic information on a failing result report should be interpreted with caution. The knowledge domain area scores are not used to determine Pass/Fail decision outcomes; they are only provided to offer a general indication regarding your performance in each knowledge domain. The examination is designed to provide a consistent and precise determination of a candidate's overall performance and is not designed to provide complete information regarding a candidate's performance in each knowledge domain.

CCSVP Examination Results

The CCSVP exam has a total of 150 multiple choice questions, all of which are scored (operational.) When an exam is scored, candidates are awarded one point for every correct answer and zero points for incorrect answers to produce a raw score. Your pass/fail status is determined by the total number of scored questions you answer correctly.

After you have finished the CCSVP exam and completed the survey evaluating your testing experience, you will receive an on-screen Pass/Fail notification. Within an hour of completing the test, this notification will also be emailed to the address you provided to the testing company when scheduling your appointment.

If you achieve a passing result on the CCSVP exam you will receive a passing notification, certificate, and information on maintaining your new certification. If you do not achieve a passing result, IAHCMM will mail you a result report, showing the percentage of questions you answered correctly, and retake information.

For more information regarding what areas the CCSVP exam covers, please see the CCSVP **Content & Composition** section on page 12.

Duplicate Examination Result Reports

Current certificants may request a duplicate Examination Result Report within 7 years of their original test date. Non-certified or lapsed certificants may request a duplicate report within 3 years of their original test date.

Re-Testing

An applicant who fails any IAHCSSMM exam must wait a minimum of 6 weeks before being allowed to retest. The applicant may submit a retake application as soon after testing as they wish, but their eligibility will begin 6 weeks after their last exam date.

The rationale for this waiting period is to ensure that there are a sufficient number of test forms available on an annual basis so that candidates will not be exposed to any given form more than twice before it is retired. IAHCSSMM updates examination forms annually.

When you are ready to test again simply submit the retake application provided with your exam score report, along with the \$125 exam fee (\$150 USD outside of the US or Canada.)

Examination Irregularities

If you believe one or more items on the test to be incorrect or in some way invalid, a written/electronic appeal must be submitted within 30 days of taking the examination. You must provide as much detail as you remember about the item(s) in question and your reason for challenging their accuracy.

All item appeals will be reviewed by the IAHCSSMM Certification Council. A thorough review of the item(s) in question will be conducted and a written synopsis of the board's findings will be issued. If one or more items are found to be in any way inaccurate they will be corrected or replaced on the certification exam and your score will be adjusted accordingly.

Verification of Computer Examination Results

If you do not achieve a passing score on your exam you may request that your test be re-graded to verify the reported results. However, you should note that every Prometric record is scored twice before releasing the results. Therefore, the likelihood of misscoring is remote. Requests must be made within 30 days of taking the examination and accompanied by a \$50 processing fee, payable directly to the Prometric testing company.

Appeals of Examination Results

Candidates who fail the exam may file an appeal of exam results based on: examination procedures that fail to comply with the Certification Council's established policies or alleged testing conditions severe enough to cause a major and significant disruption of the examination process.

Appeals must be made in writing within 30 days of the date on the individual's score results. Appeals that are not resolved by the Certification Director to the candidate's satisfaction will be forward to the Certification Council for review along with any other relevant information. Written notice of the final decision will be sent to the applicant within 30 days of the review. The decision of the Certification Council will be final.

Release of Scores to Program Officials

IAHCSSMM will only release exam results directly to you, in written format, at the home address provided on your exam application. Scores are not available orally or electronically, and can take up to two weeks to be delivered. Exam scheduling information, results, and pass/fail notifications will not be provided to 3rd parties without your prior express written consent. Upon request IAHCSSMM 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 exam scores or the number of exam attempts, without your consent. For more information please see IAHCSSMM's **Confidentiality Policy** in Appendix A, page 25.

Maintaining Certification

Certification maintenance is required for all IAHCSSM certification holders in order to promote ongoing learning and education. Thanks to frequent advances in medicine and instrumentation, the Central Sterile Profession, like most medical fields, is rapidly evolving. As such all IAHCSSM certifications are time-limited to one year, during which the certification holder must show they have pursued continuing education and development.

To remain valid, each certification must be maintained through the certification renewal process of submitting Continuing Education (CE) credits and applicable renewal processing fees. Certification renewals must be received no later than the last day of the anniversary month of your CRCST certification. Any additionally held certifications will also renew that same month (and will require additional CE credits, but no additional fees.)

Re-Certification Requirements

In addition to an annual \$50 renewal fee, all certified individuals are responsible for submitting the following in order to renew each of their certifications annually:

CRCST re-certification requires 12 CE credits per year; credits must focus on information and advancements relevant to the CS field and be of a technical nature.

CIS re-certification requires current CRCST status, plus 6 additional CE credits per year; credits must focus on information and advancements relevant to instrumentation and be of a technical nature.

CHL re-certification requires current CRCST status, plus 6 additional CE credits per year; credits must focus on information and advancements relevant to management or supervisory topics.

CER re-certification requires 6 CE credits per year; credits must focus on information and advancements relevant to endoscopes and be of a technical nature.

CCSVP re-certification requires 6 CE credits per year; credits must focus on information and advancements relevant to the CS field and be of a technical nature.

FCS re-certification requires ongoing CRCST re-certification.

ACE* re-certification requires ongoing CRCST re-certification, and attendance at IAHCSSM's annual Educator's Update at least once every two years.

CHMMC* re-certification requires 6 CE credits per year; credits must focus on information and advancements relevant to materials management and be of a technical nature.

*ACE and CHMMC certifications are no longer offered by IAHCSSM, but can be maintained by anyone possessing the credentials, as long as their re-certification requirements are met annually.

Please Note: All CE credits must have occurred within the year prior to your renewal date and be dated after your most recent renewal/certification date. Renewals cannot be processed until all required credits and fees have been received.

Certificants who have submitted a completed renewal application and who are notified that they do not meet the re-certification requirements may appeal this decision by sending a written notice of the appeal to the Certification Council within 30 days of the date of the adverse decision. Any appeals that cannot be resolved to the certificant's satisfaction will be forwarded by the Certification Director to the Certification Council for review along with any relevant information from the review of the renewal application. Written notice of the final decision will be sent to the certificant within 30 days of the review. The decision of the CC will be final.

Types of Continuing Education Accepted

There are several ways of achieving CE credit and you may use any combination of hours accumulated. The following are the four categories of Continuing Education available, and further detailed information on each category can be found on the **Continuing Education (CE) Submission Form** online at IAHCSSM.org, and in Appendix D, page 44.

CE credit is to be accrued in hour increments: 1 hour equals 1 CE credit, ½ hour equals ½ CE credit, and ¼ hour equals ¼ CE credit.

1. **Self-Study Lesson Plans**
 - a Online scoring of IAHCSSM CRCST, CIS, CER, CHL, or Nursing quizzes by IAHCSSM
 - b Written or online scoring of CRCST & CIS quizzes by Purdue University
 - c Written scoring of IAHCSSM quizzes by a manager or supervisor
 - d Written or online scoring of Non-IAHCSSM quizzes by a vendor or alternate agency
2. **IAHCSSM Annual Conference; Chapter or Regional Meetings; Conferences or Seminars**
 - a Attendance at an IAHCSSM conference or meeting
 - b Attendance at a pre-approved non-IAHCSSM conference or seminar
3. **Technical, Community, or Secondary College Courses**

Completion of a college course applicable toward CS or job performance with a grade of "C" or better
4. **In-Services or Staff Meetings**

In-services or staff meetings relevant to CS or job performance

Revocation of Certification

If all required CE documents and fees are not received by your certification expiration date, your certification(s) will be suspended and you will be considered non-certified. IAHCSSMM allows for a 6 week grace period during which you may submit your past-due CE credits and fees. During this suspension period you **are not** considered certified and **cannot** use the title of CRCST, CER, CIS, CHL, CCSVP, or any other designation you may normally hold with IAHCSSMM.

If all required past-due CE credits and certification fees are received within the 6 week grace period your certification(s) will be reinstated. If you fail to submit all necessary renewal fees and credits during the 6 week grace period you will no longer be able to renew. No further extensions will be available. You would then be required to retake any and all certification exams in order to re-obtain your certification(s).

Falsified & Misleading Renewal Documentation

All information provided by and about you in regard to your certification maintenance must be accurate and correct. If any information provided in relation to your certification renewal or any other document relating to your certification, is determined to be false or purposefully misleading IAHCSSMM can reject your re-certification and disqualify you from future certification. The IAHCSSMM Certification Council will review all such instances and determine the appropriate recourse, including the revocation of any certifications which have been granted and the denial of re-certification.

Appendix A IAHCMM Certification Policies

Code of Conduct

The IAHCMM Certification Council supports appropriate, professional standards designed to serve the central service technicians, their employers, and the public. First and foremost, certificants give priority to providing central services in a manner that promotes safety, reflects positively on the profession, and is consistent with accepted moral, ethical, and legal standards. Certificants have the obligation to:

Section 1: Adherence to IAHCMM Policies & Requirements

1. Adhere to all laws, regulations, policies, and ethical standards that apply to the practice of providing central services and related activities.
2. Follow all certification program policies, procedures, requirements and rules. This includes the obligation to be aware of and understand these policies and requirements.
3. Provide accurate and complete information to IAHCMM concerning certification and re-certification.
4. Keep confidential all IAHCMM examination information; including preventing unauthorized disclosures of exam information.
5. Cooperate with IAHCMM and the Certification Council regarding matters related to the Code of Conduct and complaint and/or disciplinary investigations.
6. Properly use IAHCMM certification titles, marks, and logos.
7. Report violations of the Code of Conduct by IAHCMM certificants to the Certification Council.

Section 2: Professional Performance

8. Maintain high standards of integrity and conduct, and accept responsibility for their actions.
9. Be accountable and responsible for their actions and behaviors.
10. Foster excellence in Central Service by continually seeking to enhance their professional capabilities through continuing education and regular on-the-job training.
11. Maintain the confidentiality of private and sensitive information, unless there is mandate to report or other legal obligation to disclose the information.
12. Act professionally, and practice with integrity and honesty.
13. Strive to fairly and objectively represent the principals of CS and encourage others to act in the same professional manner consistent with certification standards and responsibilities.

Use of Certification Credentials

After receiving notification of CRCST, Provisional CRCST, CIS, CER, CHL, CCSVP or FCS designation, the credential may be used only as long as certification remains valid and in good standing. Individuals may not use any of the above credentials (or retired credentials such as the CHMMC and ACE) until they have received specific written notification that they have successfully completed all requirements, including passing the relevant exam. Certificants must comply with all re-certification requirements to maintain use of the credential(s).

The use and/or display of the CRCST (or Certified Registered Central Service Technician), Provisional CRCST (or Provisionally Certified Registered Central Service Technician), CIS (or Certified Instrument Specialist), CER (or Certified Endoscope Reprocessor), CHL (or Certified Healthcare Leader), CCSVP (or Certified Central Service Vender Partner), FCS (Fellow), CHMMC (Concepts in Healthcare Materiel Management Certificant), or ACE (Approved Certified Educator) acronyms, except as permitted by this policy, is prohibited. Individuals who fail to maintain certification / recertify or whose certification is suspended or revoked must immediately discontinue use of the relevant CRCST, Provisional CRCST, CIS, CER, CHL, CCSVP, FCS, CHMMC, or ACE certification mark(s) and are prohibited from stating or implying that they hold the certification(s).

Acceptable Use

Individuals who have earned the CRCST credential may identify themselves as a *“Certified Registered Central Service Technician”* or *“CRCST”*. Individuals who have earned the Provisional CRCST credential may identify themselves as a *“Provisionally Certified Registered Central Service Technician”* or *“Provisional CRCST”*. Individuals who have earned the CIS credential may identify themselves as a *“Certified Instrument Specialist”* or *“CIS”*. Individuals who have earned the CER credential may identify themselves as a *“Certified Endoscope Reprocessor”* or *“CER”*. Individuals who have earned the CHL credential may identify themselves as a *“Certified Healthcare Leader”* or *“CHL”*. Individuals who have earned the CCSVP credential may identify themselves as a *“Certified Central Service Vender Partner”* or *“CCSVP”*. Individuals who have earned the FCS credential may identify themselves as a *“Fellow”* or *“FCS”*. Individuals who have earned the CHMMC credential may identify themselves as a *“Concepts in Healthcare Materiel Management Certificant”* or *“CHMMC”*. Individuals who have earned the ACE credential may identify themselves as an *“Approved Certified Educator”* or *“ACE”*. These names and acronyms may only be used in connection with a certified individual and not with a facility, department, or other group.

These names and acronyms may be used only as long as the relevant certification is valid and in good standing. Certification is a non-transferable, revocable, limited, non-exclusive license to use the certification designation and is subject to compliance with the policies and procedures of the Certification Council.

Certified individuals may not make misleading, deceptive, or confusing statements regarding their certification status. Certificants may not suggest that they have expertise outside of the scope of their professional licenses, credentials, and training.

Certificate

Each certificant will receive a certificate specific to each certification. Each certificate will include, at a minimum, the following information:

- Name of the certified individual
- Unique certification number
- Signatures of the IAHCSSM President and Certification Director
- Reference to the scope and limitations of the certification
- Effective date
- Expiration date
- Disclaimer stating that IAHCSSM retains sole ownership of the certificate

Individuals who renew their certification will receive a new certificate.

The care and issuing of uniquely numbered certificates shall be the responsibility of the Certification Director.

Security

Certificates include the IAHCSSM certification seal, two signatures, a unique ID number, and are produced on copy resistant security paper to prevent fraud, forgery, and counterfeiting.

Ownership

IAHCSSM retains sole ownership of all certificates.

Complaints & Investigations

Incidents of alleged misuse of the CRCST, Provisional CRCST, CIS, CER, CHL, CCSVP, FCS, CHMMC, or ACE names and/or acronyms by a certificant, candidate, or other individual will be investigated by the Certification Director and referred to the Certification Council Chair for action under the Disciplinary Policy as required. Individuals who are found to be in violation of this policy may be subject to disciplinary action under the Disciplinary Policy.

Certification Verification

The Certification Director maintains a database of all active applicants and certificants.

The names of certified individuals and their certification status are not considered confidential and will be published by IAHCSSM in the online verification system. The IAHCSSM headquarters office will also verify certification status upon request – information released will include the certificant's name, certification effective and expiration dates, certification type, and certification status (certified or not certified.)

An up-to-date database of all certificants is maintained under the oversight of the Certification Director. The online verification system will be promptly updated to reflect individuals whose certification has expired or has been suspended or revoked.

IAHCSSM will not release further details of your certification(s), such as exam scores or the number of exam attempts, without your prior written consent. In order to verify your certification through IAHCSSM, online or in writing, the requesting party must have your full name and IAHCSSM ID number. IAHCSSM will not release your ID number without your consent; employers or other prospective parties would need to obtain that information directly from you.

Upon becoming certified, and with every annual renewal, you will be issued a certificate for each certification you hold. The certificate(s) will detail the scope and dates of your certification(s) and can be used as a primary source document to verify your certification.

Complaints & Disciplinary Actions

In order to maintain and enhance the credibility of the certification program the Certification Council (CC) has adopted the following procedures to allow individuals to bring complaints concerning the conduct of individuals who are certificants or candidates for certification of the CC.

In the event an individual candidate or certificant violates the Code of Conduct, certification rules, or certification program policies the CC may reprimand or suspend the individual or may revoke certification.

The grounds for sanctions under these procedures may include, but are not necessarily limited to:

1. Violation of the Code of Conduct.
2. Violation of established certification policies, rules and requirements.
3. Conviction of a felony or other crime of moral turpitude under federal or state law in a matter related to the practice of, or qualifications for, central service.
4. Gross negligence, willful misconduct, or other unethical conduct in the performance of services for which the individual has achieved certification from IAHCSSM.
5. Fraud or misrepresentation in an initial application or renewal application for certification.
6. Obtaining, or attempting to obtain, certification or re-certification through false or misleading statement, fraud, or deceit including but not limited to an application or renewal application for certification.
7. Misrepresentation or falsification of material information in connection with an application, credentials, certificates, continuing education documents, or any other document associated with obtaining or maintaining certification status.
8. Unauthorized possession or misuse of IAHCSSM credentials.

Information regarding the complaint process will be available to the public without request via the IAHCSSM web site and/or other published documents. A complete copy of this policy will be published.

Actions taken under this policy do not constitute enforcement of the law, although referral to appropriate federal, state, or local government agencies may be made about the conduct of

the candidate or certificant in appropriate situations. Individuals initially bringing complaints are not entitled to any relief or damages by virtue of this process, although they will receive notice of the actions taken.

Complaints

Complaints may be submitted by any individual or entity. Complaints should be reported to the Certification Director in writing and should include the name of the person submitting the complaint, the name of the person the complaint is regarding along with other relevant identifying information, a detailed description of factual allegations supporting the charges, and any relevant supporting documentation. Information submitted during the complaint and investigation process is considered confidential and will be handled in accordance with the CC's confidentiality policy. Inquiries or submissions other than complaints may be reviewed and handled by the CC or its staff members at its discretion.

Upon receipt and preliminary review of a complaint involving a certificant the Certification Director in consultation with the CC Chair may conclude, in their sole discretion, that the submission:

1. contains unreliable or insufficient information, or
2. is patently frivolous or inconsequential.

In such cases, the Certification Director and CC Chair may determine that the submission does not constitute a valid and actionable complaint that would justify bringing it before the CC for investigation and a determination of whether there has been a violation of substantive requirements of the certification process. If so, the submission is disposed of by notice from the Certification Director and Chair to its submitter, if the submitter is identified. All such preliminary dispositions by the Chair are reported to the CC at its next meeting.

This preliminary review to determine if the complaint is valid and actionable will be conducted within 30 calendar days of receipt of the complaint.

If a submission is deemed by the Chair to be a valid and actionable complaint, the Chair shall see that written notice is provided to the candidate/certificant whose conduct has been called into question. The candidate/certificant whose conduct is at issue shall also be given the opportunity to respond to the complaint. The Chair also shall ensure that the individual submitting the complaint receives notice that the complaint is being reviewed by the CC.

Complaint Review

For each complaint that the Chair concludes is a valid and actionable complaint, the CC authorizes an investigation into its specific facts or circumstances to whatever extent is necessary in order to clarify, expand, or corroborate the information provided by the submitter.

The Chair refers the complaint to the Review Committee to investigate and make an appropriate determination with respect to each such valid and actionable complaint. The Review Committee initially determines whether it is appropriate to

review the complaint under these Procedures or whether the matter should be referred to another entity engaged in the administration of law. The timeline for responses and for providing any additional information shall be established by the Review Committee. The review and investigation will be completed in an appropriate amount of time, not to exceed 6 months, unless there are extenuating circumstances that require an extended time period. The Review Committee may be assisted in the conduct of its investigation by IAHCSSM staff or legal counsel. The CC Chair exercises general supervision over all investigations.

Both the individual submitting the complaint and the candidate/certificant who is the subject of the investigation (or his or her employer) may be contacted for additional information with respect to the complaint. The Review Committee, or the CC on its behalf, may at its discretion contact such other individuals who may have knowledge of the facts and circumstances surrounding the complaint.

All investigations and deliberations of the Review Committee and the CC are conducted in confidence, with all written communications sealed and marked "Personal and Confidential," and they are conducted objectively, without any indication of prejudgment. An investigation may be directed toward any aspect of a complaint which is relevant or potentially relevant. Formal hearings are not held and the parties are not expected to be represented by counsel, although the Review Committee and Certification Council may consult their own counsel.

Determination of Violation

Upon completion of an investigation, the Review Committee recommends whether the CC should make a determination that there has been a violation of IAHCSSM CC policies and rules. When the Review Committee recommends that the CC find a violation, the Review Committee also recommends imposition of an appropriate sanction. If the Review Committee so recommends, a proposed determination with a proposed sanction is prepared under the supervision of the Chair and is presented by a representative of the Review Committee to the CC along with the record of the Review Committee's investigation.

If the Review Committee recommends against a determination that a violation has occurred, the complaint is dismissed with notice to the candidate/certificant, the candidate/certificant's employer, the individual or entity who submitted the complaint, and the IAHCSSM Executive Board.

The CC reviews the recommendation of the Review Committee based upon the record of the investigation. The CC may accept, reject, or modify the Review Committee's recommendation, either with respect to the determination of a violation or the recommended sanction to be imposed. If the CC makes a determination that a violation has occurred, this determination and the imposition of a sanction are promulgated by written notice to the candidate/certificant, and to the individual submitting the complaint, if the submitter agrees in advance and

in writing to maintain in confidence whatever portion of the information is not made public by the CC.

In certain circumstances, the CC may consider a recommendation from the Review Committee that the candidate/certificant who has violated the certification program policies or rules should be offered an opportunity to submit a written assurance that the conduct in question has been terminated and will not recur. The decision of the Review Committee to make such a recommendation and of the CC to accept it are within their respective discretionary powers. If such an offer is extended, the candidate/certificant at issue must submit the required written assurance within thirty days of receipt of the offer, and the assurance must be submitted in terms that are acceptable to the CC. If the CC accepts the assurance, notice is given to the candidate/certificant's employer and to the submitter of the complaint, if the submitter agrees in advance and in writing to maintain the information in confidence.

Sanctions

Any of the following sanctions may be imposed by the CC upon a candidate/certificant whom the CC has determined to have violated the policies and rules of its certification program(s), although the sanction applied must reasonably relate to the nature and severity of the violation, focusing on reformation of the conduct of the individual and deterrence of similar conduct by others:

1. written reprimand to the candidate/certificant;
2. suspension of the certificant for a designated period; or
3. suspension of the candidate's application eligibility for a designated period; or
4. termination of the certificant's certification; or
5. termination of the candidate's application eligibility for a designated period.

For sanctions that include suspension or termination, a summary of the final determination and the sanction with the candidate/certificant's name and date is published by the CC. This information will be published only after any appeal has either been considered or the appeal period has passed.

Reprimand in the form of a written notice from the Chair normally is sent to a candidate/ certificant who has received his or her first substantiated complaint. Suspension normally is imposed on a candidate/certificant who has received two substantiated complaints. Termination normally is imposed on a candidate/certificant who has received two substantiated complaints within a two year period, or three or more substantiated complaints. The CC may at its discretion, however, impose any of the sanctions, if warranted, in specific cases.

Certificants who have been terminated shall have their certification revoked and shall not be considered for certification in the future. If certification is revoked, any and all certificates or other materials requested by the CC must be returned promptly to the CC.

Appeal

Within thirty (30) days from receipt of notice of a determination by the CC that a candidate/ certificant violated the certification program policies and/or rules, the affected candidate/certificant may submit to the CC Chair in writing a request for an appeal. Any candidate / certificant receiving such adverse decision will receive a copy of this policy along with notification of the appeal period.

Upon receipt of a request for appeal, the Chair of the CC establishes an appellate body consisting of at least three, but not more than five, individuals. This Appeal Committee may review one or more appeals, upon request of the Chair. No current members of the Review Committee or the CC may serve on the Appeal Committee; further, no one with any personal involvement or conflict of interest may serve on the Appeal Committee.

The Appeal Committee may only review whether the determination by the CC of a violation of the certification program policies and/or rules was inappropriate because of:

1. material errors of fact, or
2. failure of the Review Committee or the Certification Council to conform to published criteria, policies, or procedures.

Only facts and conditions up to and including the time of the CC's determination as represented by facts known to the Certification Council are considered during an appeal. The appeal shall not include a hearing or any similar trial-type proceeding. Legal counsel is not expected to participate in the appeal process, unless requested by the appellant and approved by the CC and the Appeal Committee. The CC and Appeal Committee may consult legal counsel.

The Appeal Committee conducts and completes the appeal within ninety days after receipt of the request for an appeal. Written appellate submissions and any reply submissions may be made by authorized representatives of the member and of the CC. Submissions are made according to whatever schedule is reasonably established by the Appeal Committee. The decision of the Appeal Committee either affirms or overrules the determination of the CC, but does not address a sanction imposed by the CC. The Appeal Committee will confirm receipt of all communications including the initial appeal and will provide notice to the appellant of the end of the appeals-handling process.

The Appeal Committee decision is binding upon the CC, the candidate/certificant who is subject to the termination, and all other persons.

Resignation

If a certificant who is the subject of a complaint voluntarily surrenders his or her certification at any time during the pendency of a complaint under these Procedures, the complaint is dismissed without any further action by the Review Committee, the CC, or an Appeal Committee established after an appeal. The entire record is sealed and the individual may not reapply for IAHCMM certification. However, the CC may

authorize the Chair to communicate the fact and date of resignation, and the fact and general nature of the complaint which was pending at the time of the resignation, to or at the request of a government entity engaged in the administration of law. Similarly, in the event of such resignation, the certificant's employer and the person or entity who submitted the complaint are notified of the fact and date of resignation and that CC has dismissed the complaint as a result.

Confidentiality

The CC is committed to protecting confidential and/or proprietary information related to applicants, candidates, certificants and examination development, maintenance, and administration process. The confidentiality policy applies to all IAHCMM board members, employees, CC members, committee members, contractors, and other individuals who are permitted access to confidential information.

Information about applicants/candidates/certificants and their examination results are considered confidential and may not be disclosed, divulged, or made accessible. Exam scores and/or other confidential information will be released only to the individual candidate unless a signed release is provided or as required by law. Personal information submitted by applicants/candidates/certificants with an application or re-certification application is considered confidential. Personal information retained within the candidate/certificant database will be kept confidential.

Information related to the development, administration and maintenance of the examination is considered confidential.

Confidential materials include, but are not limited to: an individual's application status, personal applicant/candidate/certificant information, exam development documentation (including job analysis reports, technical reports, and cut score studies), exam items and answers, exam forms, and individual exam scores.

IAHCMM and the CC will not disclose confidential applicant/candidate/certificant information unless authorized in writing by the individual or as required by law. If IAHCMM is required by law to disclose confidential information, the individual(s) whose information is released will be notified to the extent permitted by law.

Verification of Certification

The names of certified individuals and their certification status are not considered confidential and will be published by IAHCMM (see the Certification Verification Policy).

Aggregate Certification Data

Aggregate exam statistics (including the number of exam candidates, pass/fail rates, and total number of certificants) will be publicly available. Aggregate exam statistics, studies and reports concerning candidates/certificants will contain no

information identifiable with any candidate, unless authorized in writing by the candidate.

Confidentiality Agreements

Applicants for certification will be required to read and acknowledge a confidentiality statement as part of the application process.

Access to Confidential Information

Access to confidential information will be limited to those individuals who require access in order to perform necessary work related to the certification program. Access will be granted in compliance with the provisions of the security policy. IAHCMM Board members, employees, Certification Council members, committee members, contractors, and other individuals will use confidential information solely for the purpose of performing services for IAHCMM.

This policy is not intended to prevent disclosure where disclosure is required by law.

Statement of Nondiscrimination

IAHCMM and the Certification Council adhere to principles of fairness and due process, and endorse the principles of equal opportunity.

IAHCMM and the Certification Council prohibit discrimination against applicants, candidates, certificants, employees and applicants for employment, and volunteers on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, political beliefs, marital status, familial or parental status, sexual orientation, protected genetic information, or any other status protected by law.

Certification Complaints

Complaints about the certification process may be submitted by an individual or entity. Complaints should be reported to the Certification Director in writing and include the name of the person submitting the complaint and a detailed description of the complaint.

A preliminary review to determine if the complaint is valid and actionable will be conducted by the Certification Director in consultation with the Executive Director and/or Certification Council Chair within 30 calendar days of receipt of the complaint. If the complaint is deemed valid and actionable the Certification Director will consult with the Certification Council to address and resolve the issue.

Appendix B Test Development

To establish the framework for the CRCST, CER, CIS, and CHL exams, several focused workshops – each addressing a different aspect of the test development process – are held. The first workshop, a Job Task Analysis (JTA), involves CS Subject Matter Experts (SMEs) defining the tasks, knowledge, and skill sets most pertinent to each certification. The results of the JTA are used to create and/or validate the content of the exams and ensure that they accurately reflected changes in the profession. A key component of the Job Analysis is the release of a profession-wide survey completed by hundreds of CS professionals. Survey respondents' participation helps to determine the knowledge and skill sets deemed most vital to the profession. The SMEs use the survey findings to finalize the exam blueprints.

Following each JTA, a series of additional workshops are held: a Test Specifications meeting, which documents the relative importance of each exam's content areas and how many items should be written to each objective; Item Writing and Review, which involve the writing of new exam questions, and the review of the newly-created questions and existing exam questions; Form Review, which involves a final review of the test form and how the questions on the form work together; and finally, Item Analysis, which involves a statistical and analytical review of exam items to help improve the quality and accuracy of the exams.

In between the Form Review and Item Analysis, a pilot exam is offered for each certification. The performance of pilot exam participants is measured against a predetermined standard. For the CRCST, CER, and CHL standard setting study the Angoff standard setting method, supplemented by the Beuk Relative-Absolute Compromise method, is implemented during a two day standard setting meeting facilitated by the Prometric testing company. These methods use a SMEs panel to first reach a consensus on the acceptable level of knowledge and skill that is expected for passing candidates. SMEs then review each examination item to determine the level of knowledge or skill that is expected. SMEs ratings and difficulty predictions are analyzed by Prometric to provide a recommended cut score. Lastly, the recommended cut-score is reviewed and approved by the IAHCSSM Certification Council.

The exam Content Outlines, as created through the Job Task Analysis, detail the specific areas of knowledge necessary to perform the duties associated with each certification. The Content Outlines also detail the percentage weight for each of the exam sections. The higher the percentage weight, the more heavily the questions in that area will affect your overall test score.

The CRCST Exam uses the following materials as references:

- IAHCSSM's *Central Service Technical Manual*, 8th Ed (2016)
- ANSI/AAMI's *ST79* (2017)
- AORN's *Guidelines for Perioperative Practice* (2019)

The CER Exam uses the following materials as references:

- IAHCSSM's *Endoscope Reprocessing Manual*, 1st Ed (2017)
- ANSI/AAMI's *ST91* (2015)
- SGNA's *Guidelines for Use of High-Level Disinfectants & Sterilants in the Gastroenterology Setting* (2018)
- SGNA's *Standard of Infection Prevention in the Gastroenterology Setting* (2019)

The CHL Exam uses the following materials as references:

- IAHCSSM's *Central Service Leadership Manual*, 1st Ed (2010)
- IAHCSSM's *Central Service Technical Manual*, 8th Ed (2016)
- ANSI/AAMI's *ST79* (2017)
- AORN's *Guidelines for Perioperative Practice* (2019)

The current CIS Exam uses the following materials as references :

- IAHCSSM's *Instrument Recourse Manual*, 1st Ed (2018)
- IAHCSSM's *Central Service Technical Manual*, 8th Ed (2016)
- Rick Schultz's *The World of Surgical Instruments* (2018)
- ANSI/AAMI's *ST79* (2017)

Exam Content Outlines are available online at IAHCSSM.org

Appendix C International Prometric Testing Centers

IAHCSMM Certification exams are offered worldwide exclusively through Prometric Testing. With the exception of certain military/aid personnel serving extended periods at sea, you must travel to a Prometric Testing Center in order to take an exam. The exam fee for testing outside of the United States or Canada is \$150 USD and overseas exam applications are available online by visiting IAHCSMM.org. The following countries have Prometric Testing Centers which offer IAHCSMM certification exams. This list is subject to change, and a current list of all centers available in a specific country our region can be found by visiting www.prometric.com/iahcsmm.

| | |
|--------------------|------------------------------|
| Argentina | Lithuania |
| Armenia | Luxembourg |
| Australia | Malaysia |
| Austria | Mauritius |
| Bahrain | Mexico |
| Bangladesh | Nepal |
| Belgium | Netherlands |
| Bolivia | New Zealand |
| Botswana | Nigeria |
| Brazil | Oman |
| Bulgaria | Pakistan |
| Canada | Peru |
| Chile | Philippines |
| China | Poland |
| Colombia | Portugal |
| Croatia | Puerto Rico |
| Czech Republic | Qatar |
| Denmark | Romania |
| Dominican Republic | Russian Federation |
| Egypt | Saudi Arabia, Kingdom of |
| Finland | Serbia |
| France | Singapore |
| Georgia | Slovakia |
| Germany | Slovenia |
| Ghana | South Africa |
| Greece | Spain |
| Guam | Switzerland |
| Guatemala | Taiwan |
| Hong Kong | Tanzania, United Republic of |
| Hungary | Thailand |
| India | Tunisia |
| Indonesia | Turkey |
| Ireland | Uganda |
| Israel | Ukraine |
| Italy | United Arab Emirates |
| Japan | United Kingdom |
| Jordan | Uzbekistan |
| Kazakhstan | Venezuela |
| Kenya | Viet Nam |
| Korea, Republic of | Virgin Islands (US) |
| Kuwait | Yemen |
| Latvia | Zimbabwe |
| Lebanon | |

Appendix D Forms & Applications

Release of Examination Information

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, or training center, the following authorization statement must be submitted on the institution's letterhead at the time you apply to test:

By signing below I authorize IAHCSSM to release my exam scheduling information, IAHCSSM Account ID number, and certification exam results to NAME OF INSTITUTION. My information will be electronically available to NAME & POSITION OF POINT OF CONTACT AT INSTITUTION at POINT OF CONTACT'S EMAIL (or whoever may hold that same position in the future.) Only exam related information, such as my account ID number, exam scheduling details, test dates, test results, and certification status, will be available to the above institution upon request. No personal or other confidential information will be released.

Examinee's Name: _____

Date: _____

Examinee's Signature: _____

Certified Registered Central Service Technician (CRCST) certification is designed to recognize individuals who have demonstrated the experience, knowledge, and skills necessary to provide competent services as a central service technician. CRCSTs are integral members of the healthcare team who are responsible for decontaminating, inspecting, assembling, disassembling, packaging, and sterilizing reusable surgical instruments or devices in a health care facility that are essential for patient safety.

To earn CRCST certification, candidates are required to successfully demonstrate skills through the completion of hands-on work experience as well as the successful completion of an examination developed to measure the understanding of general central service and infection prevention topics. CRCST certificants are required to recertify annually through the completion of continuing education requirements.

This application is for use by those who have completed, and are ready to submit documentation of, their 400 hours of hands-on experience.

Once your application and payment have been received by IAHCSMM, processing will typically take 5-7 business days. Information on your exam eligibility period, scheduling your exam, available testing dates and locations, and the testing process will be mailed to the address provided in Section One. Please allow an additional 3-5 business days for this information to be delivered by the US Postal Service. You may also request the information be sent to you electronically by providing your email address(es) as indicated in Section One. Email notifications will be sent within 24 hours of application processing. (Scheduling information cannot be given by phone.) Once you receive your scheduling letter/email, it is your responsibility to schedule your exam.

SECTION ONE – Applicant Information (To Be Completed By the Applicant)
Please Note: Incomplete or illegible applications can delay processing, clearly print all information

First Name: _____ Last Name(s): _____
(As it appears on your primary government issued photo ID) (As it appears on your primary government issued photo ID)

Street Address: _____ Apt/Floor/Lot/Unit: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ USA or Canada

Current Facility (if employed): _____ IAHCSMM ID# _____
(Leave blank if unknown)

Current Position (circle one): Student Technician Supervisor Manager Educator Other: _____

Home or Cell Phone: (_____) _____ Work Phone: (_____) _____ Ext: _____

Primary/Preferred Email: _____ Secondary/Alternate Email: _____
(Optional) (Optional)

Your exam scheduling information will be mailed to your home address, as listed above, and also emailed, if email is provided above.

SECTION TWO – Payment Information (To Be Completed by the Applicant or Payment Provider)
Please Note: IAHCSMM **cannot** accept purchase orders of any kind; payment **must** be submitted along with this application

The examination fee within the United States & Canada is **\$125 USD**. Payment must be submitted, along with this application, in the form of: Credit/Debit Card (US & Canada), Money Order (US & Canada), or Check (US only.) Payment **cannot** be made by phone.

I am submitting a check or money order, made payable to IAHCSMM, by mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601

I am submitting the credit/debit card information below and give permission for my card to be charged \$125 USD:
Fax to: 1-312-440-9474, Scan & Email to: certification@iahcsmm.org, or Mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601

Credit/Debit Card Holder's Printed Name: _____

Credit/Debit Card Number: _____ Expiration: _____
(Month/Year)

Credit/Debit Card Holder's Signature: _____ CV2#: _____
(Handwritten Signature Required)

Upon passing the CRCST exam, you will be granted one year of complimentary membership with IAHCSSM in addition to your certification. It is not required that you become an IAHCSSM member before taking the exam, nor is it required for you to maintain membership with IAHCSSM in order to be certified. If for any reason you prefer not to receive complimentary membership upon passing your certification exam please indicate so below:

- Yes; I wish to receive complimentary 1 year IAHCSSM Membership after passing the CRCST exam
- No; I do not wish to receive complimentary IAHCSSM Membership after passing the CRCST exam

SECTION THREE – Statement of Understanding (To Be Completed By the Applicant)

Please Note: Your signature in this section is mandatory in order to test with IAHCSSM

Statement of Understanding

I hereby apply to take the CRCST exam. By signing below and submitting an exam application and fee, I attest that I have read and understand the IAHCSSM Certification Handbook (available online at IAHCSSM.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 IAHCSSM, without delay, of any matter that affects my ability 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 IAHCSSM may be audited for verification. I agree to provide any information necessary to verify my experience and authorize IAHCSSM to make any necessary inquiries in this regard. I understand that providing information on this or any document relating to my certification which 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 denial or revocation of certification, as outlined in the disciplinary policy.

By submitting this application, I am applying for Full Certification, and attest that I have fully completed the 400 hours of hands-on experience required for CRCST certification, as detailed in Section Four of this form.

Release of Exam Results

I understand that a Pass/Fail notice will be provided on screen at the testing center upon completion of the exam, and that IAHCSSM will only release my full exam results directly to me, in written format, at the home address provided herein. Result reports are not available orally or electronically, and can take up to two weeks to be delivered. Exam results and pass/fail notifications will not be provided to 3rd parties without my prior express written consent. Upon request IAHCSSM will verify an individual’s current certification status (including their certification effective and expiration dates) to any inquiring party, but will not release the details of an individual’s examination(s), including exam scores and the number of exam attempts.

Use of Personal Information

The information provided to IAHCSSM on this form, and in regard to my certification exam, will be used in accordance of IAHCSSM’s Confidentiality Policy, included in the Certification Handbook and available online at IAHCSSM.org. If I request and am granted special testing accommodations IAHCSSM may disclose personal information to third parties as necessary to administer my examination. This may include such information as my disability status, medical condition, or any political, religious, or philosophical beliefs which require accommodation. If IAHCSSM is required by law to disclose confidential information, the individual(s) whose information is released will be notified to the extent permitted by law.

Non-Disclosure Agreement

This examination is confidential and proprietary. It is made available to me, the examinee, solely for the purpose of becoming certified in the technical area referenced in the title of this exam. I am expressly prohibited from recording, copying, reproducing, disclosing, publishing, or transmitting this examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.

Printed Name: _____ Signature: _____ Date: _____
(Handwritten Signature Required)

Please Note: If the following page is left blank, or not submitted, your application will be returned, unprocessed. Likewise, if you, the applicant, complete any part of the following page, your application cannot be accepted. Additionally, only this current version of the hands-on experience documentation can be accepted; documentation from previous versions of the CRCST application cannot be used.

(If you have not yet completed your hands-on experience, then you must submit the Provisional CRCST exam application instead of this application.)

IAHCSSM complies with the Americans with Disabilities Act (ADA) and is interested in ensuring that no disabled individual is deprived of the opportunity to take an examination solely by reason of that disability. IAHCSSM will arrange to provide special testing accommodations for those individuals with a condition or disability as defined under the ADA. Accommodations will be provided at a designated testing center at no additional cost to the applicant. IAHCSSM’s “Americans with Disabilities Policy Statement” can be found in full at IAHCSSM.org and in the Certification Handbook. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you contact IAHCSSM to request a Special Accommodations form, to be completed and submitted with your application.

SECTION FOUR – Hands-On Experience (To Be Completed By the Applicant's Manager/Supervisor)

Please Note: All information in this section must be completed/initialed by the applicant's Manager/Supervisor
The applicant cannot complete any part of this section

INSTRUCTIONS: This section is to be completed by the Manager/Supervisor who oversaw the CRCST applicant's work/volunteer experience. Providing you are in a position above the applicant, this section can be completed by: Lead Techs, Coordinators, Supervisors, Managers, Directors, Chiefs, Administrators, or Hospital-Based Educators/Trainers. By completing this section you attest that the employee/volunteer listed below has completed the minimum 400 hours of hands-on experience required for this IAHCSSM certification and will verify as much if called upon. The applicant **cannot** complete any part of this page, whatsoever, and every line below must be completed, which includes initialing each area of experience to indicate that it has been completed.

Manager/Supervisor Experience Verification

Following each area of experience are several examples of the types of duties that fulfil the requirement. Each of the six areas are mandatory, and must be completed in full. If the applicant completed their experience in more than one facility, please submit additional copies of this page, with the Mgr/Spv of each department completing a copy and indicating the specific number of hours completed under their supervision in each area.

The Manager/Supervisor's handwritten initials are required for each area of experience completed below:

- _____ **1. Decontamination (120 Hours)**
Initials Blood-Borne Pathogens, Soiled Item Transport, Safety (e.g. Chemical Handling, Sharps), Manual Instrument Cleaning, Mechanical Cleaning (e.g. Washers, Ultrasonic Cleaners), Decontamination Area Disinfection Processes, Interpreting Manufacturer's IFUs (e.g. Device Cleaning, Equipment Operation, Chemical, Enzymatics/Detergents, Current Measurements/Concentration, Soak Time), Item Receiving & Traceability
- _____ **2. Preparing & Packaging Instruments (120 Hours)**
Initials Identification, Inspection/Testing of Instruments, Inspection/Testing of Containers & Wrapping Material, Assembly, Packaging Techniques (e.g. Pouches, Flat Wraps, Rigid Containers), Labeling
- _____ **3. Sterilization & Disinfection (96 Hours)**
Initials High Temperature Sterilization Processes, Low Temperature Sterilization Processes, Logging & Record Keeping (e.g. Sterilization/HLD, Biologicals/Incubation), Handling & Putting Away of Sterile Supplies, Automated/Manual Disinfection, Trouble Shooting (e.g. Aborted/Failed Cycles, Wet Loads, Repairs)
- _____ **4. Storage & Distribution (24 Hours)**
Initials Clean & Sterile, Handling & Putting Away of Sterile Supplies, Rotating Supplies, Inventory & Restocking Carts/Shelves (e.g. Inventory Systems, Par Levels), Event Related Shelf Life / Expiration Dating, Cleaning Storage Shelves, Case Carts (e.g. Assembly, Pick Lists & Locator Systems)
- _____ **5. Quality Assurance Processes (24 Hours)**
Initials Interpreting Manufacturer's IFUs (e.g. Devise Inspection & Testing, Sterilizers), Standards, Regulations, Policies & Procedures, Documentation & Record Keeping (e.g. Management, Area Cleaning), Quality/Functionality Testing Processes (e.g. Sterilizer, Washer Testing, HLD)
- _____ **6. Equipment (16 Hours)**
Initials Cleaning, Inspection and/or Preparation of Patient Care Equipment, Equipment Functionality Check (e.g. Autoclaves, Sterilizers, Washers), Familiarity with Routine Maintenance Guides for Equipment, Equipment Tracking

Printed Name of Applicant Being Verified: _____ IAHCSSM ID#: _____
(Leave blank if unknown)

Facility Where Applicant's Experience Was Obtained: _____

Facility Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____

Dates When Applicant's Experience Was Obtained (must have occurred within the past 5 years): _____ / _____ / _____ to _____ / _____ / _____
Month/Date/Year Mandatory Month/Date/Year Mandatory

Is the Applicant a Current Employee of the Facility? Yes No

Printed Name of Manager/Supervisor Verifying Experience: _____

Mgr/Spv's Title Within the Department: _____ Date: _____

Mgr/Spv's Signature: _____
Handwritten Signature Required

Mgr/Spv's Work Phone (with extension): (_____) _____
Personal phone numbers cannot be used (such as home or mobile)

Mgr/Spv's Work Email: _____
Personal email accounts cannot be used (such as gmail, yahoo, hotmail, etc)

Please Remember: Every line in this section **must** be completed, and the applicant **cannot** complete any part of this section, whatsoever (not even their name or facility information.) Doing so may result in the application being returned, unprocessed.

Certified Registered Central Service Technician (CRCST) certification is designed to recognize individuals who have demonstrated the experience, knowledge, and skills necessary to provide competent services as a central service technician. CRCSTs are integral members of the healthcare team who are responsible for decontaminating, inspecting, assembling, disassembling, packaging, and sterilizing reusable surgical instruments or devices in a health care facility that are essential for patient safety.

To earn CRCST certification, candidates are required to successfully demonstrate skills through the completion of hands-on work experience as well as the successful completion of an examination developed to measure the understanding of general central service and infection prevention topics. CRCST certificants are required to recertify annually through the completion of continuing education requirements.

This application is for use by those who wish to test before completing their 400 hours of hands-on experience.

Once your application and payment have been received by IAHCSMM, processing will typically take 5-7 business days. Information on your exam eligibility period, scheduling your exam, available testing dates and locations, and the testing process will be mailed to the address provided in Section One. Please allow an additional 3-5 business days for this information to be delivered by the US Postal Service. You may also request the information be sent to you electronically by providing your email address(es) as indicated in Section One. Email notifications will be sent within 24 hours of application processing. (Scheduling information cannot be given by phone.) Once you receive your scheduling letter/email, it is your responsibility to schedule your exam.

SECTION ONE – Applicant Information (To Be Completed By the Applicant)

Please Note: Incomplete or illegible applications can delay processing, clearly print all information

First Name: _____ Last Name(s): _____
(As it appears on your primary government issued photo ID) (As it appears on your primary government issued photo ID)

Street Address: _____ Apt/Floor/Lot/Unit: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ USA or Canada

Current Facility (if employed): _____ IAHCSMM ID# _____
(Leave blank if unknown)

Current Position (circle one): Student Technician Supervisor Manager Educator Other: _____

Home or Cell Phone: (_____) _____ Work Phone: (_____) _____ Ext: _____

Primary/Preferred Email: _____ Secondary/Alternate Email: _____
(Optional) (Optional)

Your exam scheduling information will be mailed to your home address, as listed above, and also emailed, if email is provided above.

SECTION TWO – Payment Information (To Be Completed by the Applicant or Payment Provider)

Please Note: IAHCSMM **cannot** accept purchase orders of any kind; payment **must** be submitted along with this application

The examination fee within the United States & Canada is **\$125 USD**. Payment must be submitted, along with this application, in the form of: Credit/Debit Card (US & Canada), Money Order (US & Canada), or Check (US only.) Payment **cannot** be made by phone.

- I am submitting a check or money order, made payable to IAHCSMM, by mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601
- I am submitting the credit/debit card information below and give permission for my card to be charged \$125 USD:
 Fax to: 1-312-440-9474, Scan & Email to: certification@iahcsmm.org, or Mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601

Credit/Debit Card Holder's Printed Name: _____

Credit/Debit Card Number: _____ Expiration: _____
(Month/Year)

Credit/Debit Card Holder's Signature: _____ CV2#: _____
(Handwritten Signature Required)

Upon passing the CRCST exam, you will be granted one year of complimentary membership with IAHCSSM in addition to your certification. It is not required that you become an IAHCSSM member before taking the exam, nor is it required for you to maintain membership with IAHCSSM in order to be certified. If for any reason you prefer not to receive complimentary membership upon passing your certification exam please indicate so below:

- Yes; I wish to receive complimentary 1 year IAHCSSM Membership after passing the CRCST exam
- No; I do not wish to receive complimentary IAHCSSM Membership after passing the CRCST exam

SECTION THREE – Statement of Understanding (To Be Completed By the Applicant)

Please Note: Your signature in this section is mandatory in order to test with IAHCSSM

Statement of Understanding

I hereby apply to take the CRCST exam. By signing below and submitting an exam application and fee, I attest that I have read and understand the IAHCSSM Certification Handbook (available online at IAHCSSM.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 IAHCSSM, without delay, of any matter that affects my ability 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 IAHCSSM may be audited for verification. I agree to provide any information necessary to verify my experience and authorize IAHCSSM to make any necessary inquiries in this regard. I understand that providing information on this or any document relating to my certification which 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 denial or revocation of certification, as outlined in the disciplinary policy.

By submitting this application, I am applying for Provisional Certification. I acknowledge that I must complete 400 hours of hands-on experience, on either a paid or volunteer basis, within six months of passing the certification exam, as outlined in the Certification Handbook. I further acknowledge that if I fail to complete and submit documentation of these hours to IAHCSSM prior to the end of the six month period, my certification will be revoked, and successful completion of a retake exam would then be required in order to regain certification (with full testing fees applying.)

Release of Exam Results

I understand that a Pass/Fail notice will be provided on screen at the testing center upon completion of the exam, and that IAHCSSM will only release my full exam results directly to me, in written format, at the home address provided herein. Result reports are not available orally or electronically, and can take up to two weeks to be delivered. Exam results and pass/fail notifications will not be provided to 3rd parties without my prior express written consent. Upon request IAHCSSM will verify an individual's current certification status (including their certification effective and expiration dates) to any inquiring party, but will not release the details of an individual's examination(s), including exam scores and the number of exam attempts.

Use of Personal Information

The information provided to IAHCSSM on this form, and in regard to my certification exam, will be used in accordance of IAHCSSM's Confidentiality Policy, included in the Certification Handbook and available online at IAHCSSM.org. If I request and am granted special testing accommodations IAHCSSM may disclose personal information to third parties as necessary to administer my examination. This may include such information as my disability status, medical condition, or any political, religious, or philosophical beliefs which require accommodation. If IAHCSSM is required by law to disclose confidential information, the individual(s) whose information is released will be notified to the extent permitted by law.

Non-Disclosure Agreement

This examination is confidential and proprietary. It is made available to me, the examinee, solely for the purpose of becoming certified in the technical area referenced in the title of this exam. I am expressly prohibited from recording, copying, reproducing, disclosing, publishing, or transmitting this examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.

Printed Name: _____ Signature: _____ Date: _____
(Handwritten Signature Required)

IAHCSSM complies with the Americans with Disabilities Act (ADA) and is interested in ensuring that no disabled individual is deprived of the opportunity to take an examination solely by reason of that disability. IAHCSSM will arrange to provide special testing accommodations for those individuals with a condition or disability as defined under the ADA. Accommodations will be provided at a designated testing center at no additional cost to the applicant. IAHCSSM's "Americans with Disabilities Policy Statement" can be found in full at IAHCSSM.org and in the Certification Handbook. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you contact IAHCSSM to request a Special Accommodations form, to be completed and submitted with your application.

Certified Instrument Specialist (CIS) certification is designed to recognize individuals who have demonstrated the experience, knowledge, and skills necessary to provide competent services as an advanced instrument specialist in the Central Service Department. CIS's are essential members of the healthcare team who are responsible for demonstrating the knowledge and recognition of medical instruments and instrument support system functions necessary to help ensure the safe and timely delivery of surgical instruments to patients.

To earn CIS Certification, candidates are required to successfully demonstrate skills through the completion of hands-on work experience as well as the successful completion of an examination developed to measure the understanding of all instrument reprocessing functions (including instrument support system functions, instrumentation practice skills, knowledge and recognition of medical instruments, plus CS tech responsibilities.) CIS certificants are required to recertify annually through completion of continuing education requirements.

Full CRCST certification is required before applying for the CIS.

Once your application and payment have been received by IAHCSMM, processing will typically take 5-7 business days. Information on your exam eligibility period, scheduling your exam, available testing dates and locations, and the testing process will be mailed to the address provided in Section One. Please allow an additional 3-5 business days for this information to be delivered by the US Postal Service. You may also request the information be sent to you electronically by providing your email address(es) in Section One. Email notifications will be sent within 24 hours of application processing. (Scheduling information cannot be given by phone.) Once you receive your scheduling letter/email, it is your responsibility to schedule your exam.

SECTION ONE – Applicant Information (To Be Completed By the Applicant)

Please Note: Incomplete or illegible applications can delay processing, clearly print all information

First Name: _____ Last Name(s): _____
(As it appears on your primary government issued photo ID) (As it appears on your primary government issued photo ID)

Street Address: _____ Apt/Floor/Lot/Unit: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ USA or Canada

Current Facility (if employed): _____ IAHCSMM ID# _____
(Leave blank if unknown)

Current Position (circle one): Student Technician Supervisor Manager Educator Other: _____

Home or Cell Phone: (_____) _____ Work Phone: (_____) _____ Ext: _____

Primary/Preferred Email: _____ (Optional) Secondary/Alternate Email: _____ (Optional)

Your exam scheduling information will be mailed to your home address, as listed above, and also emailed, if email is provided above.

SECTION TWO – Payment Information (To Be Completed by the Applicant or Payment Provider)

Please Note: IAHCSMM **cannot** accept purchase orders of any kind; payment **must** be submitted along with this application

The examination fee within the United States & Canada is **\$125 USD**. Payment must be submitted, along with this application, in the form of: Credit/Debit Card (US & Canada), Money Order (US & Canada), or Check (US only.) Payment **cannot** be made by phone.

- I am submitting a check or money order, made payable to IAHCSMM, by mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601
- I am submitting the credit/debit card information below and give permission for my card to be charged \$125 USD:
Fax to: 1-312-440-9474, Scan & Email to: certification@iahcsmm.org, or Mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601

Credit/Debit Card Holder's Printed Name: _____

Credit/Debit Card Number: _____ Expiration: _____
(Month/Year)

Credit/Debit Card Holder's Signature: _____ CV2#: _____
(Handwritten Signature Required)

SECTION THREE – Background Requirements

Current and full CRCST status is required in order to apply for the Certified Instrument Specialist Exam.

If you do not already hold full CRCST status then you would need to achieve it before you apply to take the CIS test..

SECTION FOUR – Statement of Understanding (To Be Completed By the Applicant)

Please Note: Your signature in this section is mandatory in order to test with IAHCSSM

Statement of Understanding

I hereby apply to take the CIS exam. By signing below and submitting an exam application and fee, I attest that I have read and understand the IAHCSSM Certification Handbook (available online at IAHCSSM.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 IAHCSSM, without delay, of any matter that affects my ability 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 IAHCSSM may be audited for verification. I agree to provide any information necessary to verify my experience and authorize IAHCSSM to make any necessary inquiries in this regard. I understand that providing information on this or any document relating to my certification which 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 denial or revocation of certification, as outlined in the disciplinary policy.

Release of Exam Results

I understand that a Pass/Fail notice will be issued at the testing center upon completion of the exam, and that IAHCSSM will only release my full exam results directly to me, in written format, at the home address provided herein. Results are not available orally or electronically, and can take up to two weeks to be delivered. Exam results and pass/fail notifications will not be provided to 3rd parties without my prior express written consent. Upon request IAHCSSM will verify an individual's current certification status (including their certification effective and expiration dates) to any inquiring party, but will not release the details of an individual's examination(s), including exam scores and the number of exam attempts.

Use of Personal Information

The information provided to IAHCSSM on this form, and in regard to my certification exam, will be used in accordance of IAHCSSM's Confidentiality Policy, included in the Certification Handbook and available online at IAHCSSM.org. If I request and am granted special testing accommodations IAHCSSM may disclose personal information to third parties as necessary to administer my examination. This may include such information as my disability status, medical condition, or any political, religious, or philosophical beliefs which require accommodation. If IAHCSSM is required by law to disclose confidential information, the individual(s) whose information is released will be notified to the extent permitted by law.

Non-Disclosure Agreement

This examination is confidential and proprietary. It is made available to me, the examinee, solely for the purpose of becoming certified in the technical area referenced in the title of this exam. I am expressly prohibited from recording, copying, reproducing, disclosing, publishing, or transmitting this examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.

Printed Name: _____ Signature: _____ Date: _____

(Handwritten Signature Required)

Please Note: If the following page is left blank, or not submitted, your application will be returned, unprocessed. Likewise, if you, the applicant, complete any part of the following page, your application cannot be accepted. All experience must be completed in full before applying to take the CIS exam.

IAHCSSM complies with the Americans with Disabilities Act (ADA) and is interested in ensuring that no disabled individual is deprived of the opportunity to take an examination solely by reason of that disability. IAHCSSM will arrange to provide special testing accommodations for those individuals with a condition or disability as defined under the ADA. Accommodations will be provided at a designated testing center at no additional cost to the applicant. IAHCSSM's "Americans with Disabilities Policy Statement" can be found in full at IAHCSSM.org and in the Certification Handbook. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you contact IAHCSSM to request a Special Accommodations form, to be completed and submitted with your application.

SECTION FOUR – Hands-On Experience (To Be Completed By the Applicant's Manager/Supervisor)

Please Note: All information in this section must be completed/initialed by the applicant's Manager/Supervisor

The applicant cannot complete any part of this section

INSTRUCTIONS: This section is to be completed by the Manager/Supervisor who oversaw the CIS applicant's work/volunteer experience. Providing you are in a position above the applicant, this section can be completed by: Lead Techs, Coordinators, Supervisors, Managers, Directors, Chiefs, Administrators, or Hospital-Based Educators/Trainers. By completing this section you attest that the employee/volunteer listed below has completed the minimum 200 hours of hands-on experience required for this IAHCSSM certification and will verify as much as called upon. The applicant **cannot** complete any part of this page, whatsoever, and every line below must be completed, which includes initialing each area of experience to indicate that it has been completed.

Manager/Supervisor Experience Verification

Following each area of experience are several examples of the types of duties that fulfil the requirement. Each of the four areas are mandatory, and must be completed in full. If the applicant completed their experience in more than one facility, please submit additional copies of this page, with the Mgr/Spv of each department completing a copy and indicating the specific number of hours completed under their supervision in each area.

The Manager/Supervisor's handwritten initials are required for each area of experience completed below:

- _____ **1. Instrument Decontamination (92 Hours)**
Disassembly, Manual and Mechanical Cleaning Processes
- _____ **2. Instrument Assembly (92 Hours)**
Identification, Inspection, Testing, Assembly, Packaging
- _____ **3. Instrument Information System Management (12 Hours)**
Packaging Back Up Instrument System Maintenance, Form Maintenance, Change Notification Systems, Implant Replenishment, Loaner Instrument Processes
- _____ **4. Surgery Observation (4 Hours)**
Applicants should observe room set up, sterile field set up, handling of instruments during surgery, instrument request processes, and care of instruments at the end of procedures

Printed Name of Applicant Being Verified: _____ IAHCSSM ID#: _____
(Leave blank if unknown)

Facility Where Applicant's Experience Was Obtained: _____

Facility Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____

Dates When Applicant's Experience Was Obtained (must have occurred within the past 5 years): _____ / _____ / _____ to _____ / _____ / _____
Month/Date/Year Mandatory Month/Date/Year Mandatory

Is the Applicant a Current Employee of the Facility? Yes No

Printed Name of Manager/Supervisor Verifying Experience: _____

Mgr/Spv's Title Within the Department: _____ Date: _____

Mgr/Spv's Signature: _____
Handwritten Signature Required

Mgr/Spv's Work Phone (with extension): (_____) _____
Personal phone numbers cannot be used (such as home or mobile)

Mgr/Spv's Work Email: _____
Personal email accounts cannot be used (such as gmail, yahoo, hotmail, etc)

Please Remember: Every line in this section **must** be completed, and the applicant **cannot** complete any part of this section, whatsoever (not even their name or facility information.) Doing so may result in the application being returned, unprocessed.

Certified Endoscope Reprocessor (CER) certification is designed to recognize individuals who have demonstrated the knowledge and skills necessary to pre-clean, test, decontaminate, inspect, disinfect and/or sterilize, transport, and store endoscopes in accordance with industry standards, guidelines and regulations, and manufacturers' instructions for use. CERs are crucial members of the healthcare team who are responsible for endoscope preparation, which is critical for patient safety in a healthcare facility.

To earn CER certification, candidates are required to successfully demonstrate skills through completion of hands-on work experience as well as successful completion of an examination developed to measure the understanding of endoscope care and handling and infection prevention. CER certificants are required to recertify annually through completion of continuing education requirements.

Once your application and payment have been received by IAHCSMM, processing will typically take 5-7 business days. Information on your exam eligibility period, scheduling your exam, available testing dates and locations, and the testing process will be mailed to the address provided in Section One. Please allow an additional 3-5 business days for this information to be delivered by the US Postal Service. You may also request the information be sent to you electronically by providing your email address(es) in Section One. Email notifications will be sent within 24 hours of application processing. (Scheduling information cannot be given by phone.) Once you receive your scheduling letter/email, it is your responsibility to schedule your exam.

SECTION ONE – Applicant Information (To Be Completed By the Applicant)

Please Note: Incomplete or illegible applications can delay processing, clearly print all information

First Name: _____ Last Name(s): _____
(As it appears on your primary government issued photo ID) (As it appears on your primary government issued photo ID)

Street Address: _____ Apt/Floor/Lot/Unit: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ USA or Canada

Current Facility (if employed): _____ IAHCSMM ID# _____
(Leave blank if unknown)

Current Position (circle one): Student Technician Supervisor Manager Educator Other: _____

Home or Cell Phone: (_____) _____ Work Phone: (_____) _____ Ext: _____

Primary/Preferred Email: _____ Secondary/Alternate Email: _____
(Optional) (Optional)

Your exam scheduling information will be mailed to your home address, as listed above, and also emailed, if email is provided above.

SECTION TWO – Payment Information (To Be Completed by the Applicant or Payment Provider)

Please Note: IAHCSMM **cannot** accept purchase orders of any kind; payment **must** be submitted along with this application

The examination fee within the United States & Canada is **\$125 USD**. Payment must be submitted, along with this application, in the form of: Credit/Debit Card (US & Canada), Money Order (US & Canada), or Check (US only.) Payment **cannot** be made by phone.

- I am submitting a check or money order, made payable to IAHCSMM, by mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601
- I am submitting the credit/debit card information below and give permission for my card to be charged \$125 USD:
Fax to: 1-312-440-9474, Scan & Email to: certification@iahcsmm.org, or Mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601

Credit/Debit Card Holder's Printed Name: _____

Credit/Debit Card Number: _____ Expiration: _____
(Month/Year)

Credit/Debit Card Holder's Signature: _____ CV2#: _____
(Handwritten Signature Required)

Upon passing the CER exam, all applicants who are not already certified with IAHCSMM will be granted one year of complimentary membership with the Association. It is not required that you become an IAHCSMM member before taking the exam, nor is it required for you to maintain membership with IAHCSMM in order to be certified. If for any reason you prefer not to receive complimentary membership upon passing the CER exam please indicate so below.

- Yes;** I wish to receive complimentary 1 year IAHCSMM Membership after passing the CER exam
- No;** I do not wish to receive complimentary IAHCSMM Membership after passing the CER exam

IAHCSMM complies with the Americans with Disabilities Act (ADA) and is interested in ensuring that no disabled individual is deprived of the opportunity to take an examination solely by reason of that disability. IAHCSMM will arrange to provide special testing accommodations for those individuals with a condition or disability as defined under the ADA. Accommodations will be provided at a designated testing center at no additional cost to the applicant. IAHCSMM's "Americans with Disabilities Policy Statement" can be found in full at IAHCSMM.org and in the Certification Handbook. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you contact IAHCSMM to request a Special Accommodations form, to be completed and submitted with your application.

SECTION THREE – Statement of Understanding (To Be Completed By the Applicant)

Please Note: Your signature in this section is mandatory in order to test with IAHCSSM

Statement of Understanding

I hereby apply to take the CER exam. By signing below and submitting an exam application and fee, I attest that I have read and understand the IAHCSSM Certification Handbook (available online at IAHCSSM.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 IAHCSSM, without delay, of any matter that affects my ability 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 IAHCSSM may be audited for verification. I agree to provide any information necessary to verify my experience and authorize IAHCSSM to make any necessary inquiries in this regard. I understand that providing information on this or any document relating to my certification which 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 denial or revocation of certification, as outlined in the disciplinary policy.

Release of Exam Results

I understand that a Pass/Fail notice will be issued at the testing center upon completion of the exam, and that IAHCSSM will only release my full exam results directly to me, in written format, at the home address provided herein. Results are not available orally or electronically, and can take up to two weeks to be delivered. Exam results and pass/fail notifications will not be provided to 3rd parties without my prior express written consent. Upon request IAHCSSM will verify an individual's current certification status (including their certification effective and expiration dates) to any inquiring party, but will not release the details of an individual's examination(s), including exam scores and the number of exam attempts.

Use of Personal Information

The information provided to IAHCSSM on this form, and in regard to my certification exam, will be used in accordance of IAHCSSM's Confidentiality Policy, included in the Certification Handbook and available online at IAHCSSM.org. If I request and am granted special testing accommodations IAHCSSM may disclose personal information to third parties as necessary to administer my examination. This may include such information as my disability status, medical condition, or any political, religious, or philosophical beliefs which require accommodation. If IAHCSSM is required by law to disclose confidential information, the individual(s) whose information is released will be notified to the extent permitted by law.

Non-Disclosure Agreement

This examination is confidential and proprietary. It is made available to me, the examinee, solely for the purpose of becoming certified in the technical area referenced in the title of this exam. I am expressly prohibited from recording, copying, reproducing, disclosing, publishing, or transmitting this examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.

Printed Name: _____ Signature: _____ Date: _____

(Handwritten Signature Required)

SECTION FOUR – Hands-On Experience (To Be Completed By the Applicant's Manager/Supervisor)

Please Note: All information in this section must be completed/initialed by the applicant's Manager/Supervisor

The applicant cannot complete any part of this section

CER certification requires a minimum of three months' experience reprocessing endoscopes on at regular basis in a medical center, hospital, surgery center, or independent endoscopic center. This work must have occurred within the past three years at most, and must include hands-on experience in each of the following areas: pre-cleaning, testing, decontaminating, inspecting, disinfecting and/or sterilizing, transporting, and storing endoscopes.

INSTRUCTIONS: This section is to be completed by the Manager/Supervisor who supervised the CER applicant's work/volunteer experience. Providing you are in a position above the applicant, this section can be completed by: Lead Techs, Coordinators, Supervisors, Managers, Directors, Chiefs, Administrators, or Hospital-Based Educators/Trainers. By completing this section you attest that the employee/volunteer listed below has completed the minimum three months of hands-on reprocessing experience, as outlined above, and will verify as much if called upon. The applicant cannot complete any part of this page whatsoever, and every line below must be completed.

Printed Name of Applicant Being Verified: _____ IAHCSSM ID#: _____
(Leave blank if unknown)

Facility Where Applicant's Experience Was Obtained: _____

Facility Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____

Dates When Applicant's Experience Was Obtained (must have occurred within the past 3 years): _____ / _____ / _____ to _____ / _____ / _____
Month/Date/Year Mandatory Month/Date/Year Mandatory

Is the Applicant a Current Employee of the Facility? Yes No

Printed Name of Manager/Supervisor Verifying Experience: _____

Mgr/Spv's Title Within the Department: _____ Date: _____

Mgr/Spv's Signature: _____
Handwritten Signature Required

Mgr/Spv's Work Phone (with extension): (_____) _____
Personal phone numbers cannot be used (such as home or mobile)

Mgr/Spv's Work Email: _____
Personal email accounts cannot be used (such as gmail, yahoo, hotmail, etc)

Please Remember: Every line in this section **must** be completed, and the applicant **cannot** complete any part of this section, whatsoever (not even their name or facility information.) Doing so may result in the application being returned, unprocessed.

Certified Healthcare Leader (CHL) certification is designed to recognize individuals who have demonstrated the management and supervisory skills necessary to provide effective leadership in the Central Service Department. CHLs are indispensable members of the healthcare team who are responsible for managing the daily operations of the Central Service Department including standards and regulation compliance, finance, reporting, staffing, human resource management, and inter- and intra-departmental communications.

To earn CHL certification, candidates are required to demonstrate skills through the successful completion of an examination developed to measure the understanding of general central service, infection prevention, and management topics. CHL certificants are required to recertify annually through completion of continuing education requirements.

Please Note: Full CRCST certification is required before applying for the CHL.

Once your application and payment have been received by IAHCSMM, processing will typically take 5-7 business days. Information on your exam eligibility period, scheduling your exam, available testing dates and locations, and the testing process will be mailed to the address provided in Section One. Please allow an additional 3-5 business days for this information to be delivered by the US Postal Service. You may also request the information be sent to you electronically by providing your email address(es) in Section One. Email notifications will be sent within 24 hours of application processing. (Scheduling information cannot be given by phone.) Once you receive your scheduling letter/email, it is your responsibility to schedule your exam.

SECTION ONE – Applicant Information (To Be Completed By the Applicant)

Please Note: Incomplete or illegible applications can delay processing, clearly print all information

First Name: _____ Last Name(s): _____
(As it appears on your primary government issued photo ID) (As it appears on your primary government issued photo ID)

Street Address: _____ Apt/Floor/Lot/Unit: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ USA or Canada

Current Facility (if employed): _____ IAHCSMM ID# _____
(Leave blank if unknown)

Current Position (circle one): Student Technician Supervisor Manager Educator Other: _____

Home or Cell Phone: (_____) _____ Work Phone: (_____) _____ Ext: _____

Primary/Preferred Email: _____ (Optional) Secondary/Alternate Email: _____ (Optional)

Your exam scheduling information will be mailed to your home address, as listed above, and also emailed, if email is provided above.

SECTION TWO – Payment Information (To Be Completed by the Applicant or Payment Provider)

Please Note: IAHCSMM **cannot** accept purchase orders of any kind; payment **must** be submitted along with this application

The examination fee within the United States & Canada is **\$125 USD**. Payment must be submitted, along with this application, in the form of: Credit/Debit Card (US & Canada), Money Order (US & Canada), or Check (US only.) Payment **cannot** be made by phone.

- I am submitting a check or money order, made payable to IAHCSMM, by mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601
- I am submitting the credit/debit card information below and give permission for my card to be charged \$125 USD:
Fax to: 1-312-440-9474, Scan & Email to: certification@iahcsmm.org, or Mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601

Credit/Debit Card Holder's Printed Name: _____

Credit/Debit Card Number: _____ Expiration: _____
(Month/Year)

Credit/Debit Card Holder's Signature: _____ CV2#: _____
(Handwritten Signature Required)

SECTION FOUR – Background Requirements

Current and full CRCST status is required in order to apply for the Certified Healthcare Leader Exam.

If you do not already hold full CRCST status then you would need to achieve it before you apply to take the CHL test..

SECTION FOUR – Statement of Understanding (To Be Completed By the Applicant)

Please Note: Your signature in this section is mandatory in order to test with IAHCSSM

Statement of Understanding

I hereby apply to take the CHL exam. By signing below and submitting an exam application and fee, I attest that I have read and understand the IAHCSSM Certification Handbook (available online at IAHCSSM.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 IAHCSSM, without delay, of any matter that affects my ability 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 IAHCSSM may be audited for verification. I agree to provide any information necessary to verify my experience and authorize IAHCSSM to make any necessary inquiries in this regard. I understand that providing information on this or any document relating to my certification which 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 denial or revocation of certification, as outlined in the disciplinary policy.

Release of Exam Results

I understand that a Pass/Fail notice will be issued at the testing center upon completion of the exam, and that IAHCSSM will only release my full exam results directly to me, in written format, at the home address provided herein. Results are not available orally or electronically, and can take up to two weeks to be delivered. Exam results and pass/fail notifications will not be provided to 3rd parties without my prior express written consent. Upon request IAHCSSM will verify an individual's current certification status (including their certification effective and expiration dates) to any inquiring party, but will not release the details of an individual's examination(s), including exam scores and the number of exam attempts.

Use of Personal Information

The information provided to IAHCSSM on this form, and in regard to my certification exam, will be used in accordance of IAHCSSM's Confidentiality Policy, included in the Certification Handbook and available online at IAHCSSM.org. If I request and am granted special testing accommodations IAHCSSM may disclose personal information to third parties as necessary to administer my examination. This may include such information as my disability status, medical condition, or any political, religious, or philosophical beliefs which require accommodation. If IAHCSSM is required by law to disclose confidential information, the individual(s) whose information is released will be notified to the extent permitted by law.

Non-Disclosure Agreement

This examination is confidential and proprietary. It is made available to me, the examinee, solely for the purpose of becoming certified in the technical area referenced in the title of this exam. I am expressly prohibited from recording, copying, reproducing, disclosing, publishing, or transmitting this examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.

Printed Name: _____ Signature: _____ Date: _____

(Handwritten Signature Required)

IAHCSSM complies with the Americans with Disabilities Act (ADA) and is interested in ensuring that no disabled individual is deprived of the opportunity to take an examination solely by reason of that disability. IAHCSSM will arrange to provide special testing accommodations for those individuals with a condition or disability as defined under the ADA. Accommodations will be provided at a designated testing center at no additional cost to the applicant. IAHCSSM's "Americans with Disabilities Policy Statement" can be found in full at IAHCSSM.org and in the Certification Handbook. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you contact IAHCSSM to request a Special Accommodations form, to be completed and submitted with your application.

Certified Central Service Vendor Partner (CCSVP) certification is designed to recognize vendors who have demonstrated knowledge of Central Service concepts and processes including the decontamination, inspection, assembly, packaging, and sterilization of reusable surgical instruments.

To earn CCSVP certification, candidates are required to successfully demonstrate knowledge through the completion of an online course, specific Central Service Department observations, and successful completion of an examination developed to measure the understanding of general central services and infection prevention topics. CCSVP are required to recertify annually through completion of continuing education requirements.

Once your application and payment have been received by IAHCSMM, processing will typically take 5-7 business days. Information on your exam eligibility period, scheduling your exam, available testing dates and locations, and the testing process will be mailed to the address provided in Section One. Please allow an additional 3-5 business days for this information to be delivered by the US Postal Service. You may also request the information be sent to you electronically by providing your email address(es) in Section One. Email notifications will be sent within 24 hours of application processing. (Scheduling information cannot be given by phone.) Once you receive your scheduling letter/email, it is your responsibility to schedule your exam.

SECTION ONE – Applicant Information (To Be Completed By the Applicant)

Please Note: Incomplete or illegible applications can delay processing, clearly print all information

First Name: _____ Last Name(s): _____
(As it appears on your primary government issued photo ID) (As it appears on your primary government issued photo ID)

Street Address: _____ Apt/Floor/Lot/Unit: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ USA or Canada

Current Company: _____ IAHCSMM ID# _____
(You must be employed as a vendor in order to be eligible for CCSVP Certification) (Leave blank if unknown)

Current Position: _____

Home or Cell Phone: (_____) _____ Work Phone: (_____) _____ Ext: _____

Primary/Preferred Email: _____ Secondary/Alternate Email: _____
(Optional) (Optional)

Your exam scheduling information will be mailed to your home address, as listed above, and also emailed, if email is provided above.

SECTION TWO – Payment Information (To Be Completed by the Applicant or Payment Provider)

Please Note: IAHCSMM **cannot** accept purchase orders of any kind; if payment is required, it must be submitted along with this application

One attempt at the exam is included in the cost of the CCSVP course, if this is your first time taking the exam this section should be left blank. The examination fee for any additional attempts within the United States and Canada is \$125 USD. If you are retaking the exam payment must be submitted, along with this application, in the form of: Credit/Debit Card (US & Canada), Money Order (US & Canada), or Check (US only.) Payment **cannot** be made by phone.

- I am submitting a check or money order, made payable to IAHCSMM, by mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601
- I am submitting the credit/debit card information below and give permission for my card to be charged \$125 USD:
Fax to: 1-312-440-9474, Scan & Email to: certification@iahcsmm.org, or Mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601

Credit/Debit Card Holder's Printed Name: _____

Credit/Debit Card Number: _____ Expiration: _____
(Month/Year)

Credit/Debit Card Holder's Signature: _____ CV2#: _____
(Handwritten Signature Required)

Upon passing the CCSVP exam, all applicants who are not already certified with IAHCSSM will be granted one year of complimentary membership with the Association. It is not required that you become an IAHCSSM member before taking the exam, nor is it required for you to maintain membership with IAHCSSM in order to be certified. If for any reason you prefer not to receive complimentary membership upon passing your certification exam please indicate so below.

- Yes;** I wish to receive complimentary 1 year IAHCSSM Membership after passing the CCSVP exam
- No;** I do not wish to receive complimentary IAHCSSM Membership after passing the CCSVP exam

SECTION THREE – Background Requirements

Applicants for the CCSVP Exams must:

- Be currently employed as a vendor by a company that provides CS-related products or services
- Successfully complete the IAHCSSM online Central Service Vendor Partner education course
- Complete two 16 hour rounds of Clinical Observation Experience in two different CS facilities (as detailed in Sections Five A & B)

SECTION FOUR – Statement of Understanding (To Be Completed By the Applicant)

Please Note: Your signature in this section is mandatory in order to test with IAHCSSM

Statement of Understanding

I hereby apply to take the CCSVP exam. By signing below and submitting an exam application and fee, I attest that I have read and understand the IAHCSSM Certification Handbook (available online at IAHCSSM.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 IAHCSSM, without delay, of any matter that affects my ability 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 IAHCSSM may be audited for verification. I agree to provide any information necessary to verify my experience and authorize IAHCSSM to make any necessary inquiries in this regard. I understand that providing information on this or any document relating to my certification which 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 denial or revocation of certification, as outlined in the disciplinary policy.

Release of Exam Results

I understand that a Pass/Fail notice will be issued at the testing center upon completion of the exam, and that IAHCSSM will only release my full exam results directly to me, in written format, at the home address provided herein. Results are not available orally or electronically, and can take up to two weeks to be delivered. Exam results and pass/fail notifications will not be provided to 3rd parties without my prior express written consent. Upon request IAHCSSM will verify an individual's current certification status (including their certification effective and expiration dates) to any inquiring party, but will not release the details of an individual's examination(s), including exam scores and the number of exam attempts.

Use of Personal Information

The information provided to IAHCSSM on this form, and in regard to my certification exam, will be used in accordance of IAHCSSM's Confidentiality Policy, included in the Certification Handbook and available online at IAHCSSM.org. If I request and am granted special testing accommodations IAHCSSM may disclose personal information to third parties as necessary to administer my examination. This may include such information as my disability status, medical condition, or any political, religious, or philosophical beliefs which require accommodation. If IAHCSSM is required by law to disclose confidential information, the individual(s) whose information is released will be notified to the extent permitted by law.

Non-Disclosure Agreement

This examination is confidential and proprietary. It is made available to me, the examinee, solely for the purpose of becoming certified in the technical area referenced in the title of this exam. I am expressly prohibited from recording, copying, reproducing, disclosing, publishing, or transmitting this examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.

Printed Name: _____ Signature: _____ Date: _____
(Handwritten Signature Required)

Please Note: If the following page is not submitted, or if either section is left blank, your application will be returned, unprocessed. Likewise, if you, the applicant, complete any part of the following page, your application cannot be accepted. All observation experience must be completed in full before applying to take the CCSVP exam.

IAHCSSM complies with the Americans with Disabilities Act (ADA) and is interested in ensuring that no disabled individual is deprived of the opportunity to take an examination solely by reason of that disability. IAHCSSM will arrange to provide special testing accommodations for those individuals with a condition or disability as defined under the ADA. Accommodations will be provided at a designated testing center at no additional cost to the applicant. IAHCSSM's "Americans with Disabilities Policy Statement" can be found in full at IAHCSSM.org and in the Certification Handbook. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you contact IAHCSSM to request a Special Accommodations form, to be completed and submitted with your application.

SECTION FIVE A – Clinical Observation (To Be Completed By the Manager/Supervisor of the CS Department)

Please Note: All information in this section must be completed/initialed by the Manager/Supervisor who oversaw the applicant’s observation

The applicant cannot complete any part of this section

INSTRUCTIONS: This section is to be completed by the CS Department Manager/Supervisor who oversaw the CCSVP applicant’s observation. By completing this section you attest that the vendor has completed the observation experience listed below and will verify as much if called upon. Every line below must be completed, which includes initialing each area of observation to indicate that it has been met.

Manager/Supervisor Initials

- _____ **1. Decontamination (5 Hours)**
Manual Cleaning Processes, Mechanical Cleaning Processes, and Disinfection
- _____ **2. Inspection, Assembly and Packaging (5 Hours)**
Instrument Inspection, Testing and Assembly, and Packaging Methods
- _____ **3. Sterilization (4 Hours)**
High and Low Temperature Sterilization and Sterility Assurance Systems
- _____ **4. Sterile Storage and Distribution Systems (2 Hours)**
Sterile Storage, Inventory Management, and Distribution Systems

Please Remember: Every line in this section **must** be completed, and the applicant **cannot** complete any part of this section, whatsoever (not even their name or facility information.) Doing so may result in the application being returned, unprocessed.

Printed Name of Vendor Whose Experience Is Being Verified: _____

Facility Where Vendor’s Observation Was Completed: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Dates When Vendor’s Observation Was Completed (must have occurred within the past 5 years): _____ to _____
Mandatory (Month/Date/Year) **Mandatory (Month/Date/Year)**

Manager/Supervisor’s Title Within the Department: _____ Date: _____

Mgr/Spv’s Name & Signature: _____
Printed Name **Signature**

Mgr/Spv’s Contact Information: _____
Work Phone Number (with Extension) **Work Email (Personal email accounts, such as gmail or yahoo, cannot be used)**

SECTION FIVE B – Clinical Observation (To Be Completed By the Manager/Supervisor of the CS Department)

Please Note: All information in this section must be completed/initialed by the Manager/Supervisor who oversaw the applicant’s observation

The applicant cannot complete any part of this section

INSTRUCTIONS: This section is to be completed by the CS Department Manager/Supervisor who oversaw the CCSVP applicant’s observation. By completing this section you attest that the vendor has completed the observation experience listed below and will verify as much if called upon. Every line below must be completed, which includes initialing each area of observation to indicate that it has been met.

Manager/Supervisor Initials

- _____ **1. Decontamination (5 Hours)**
Manual Cleaning Processes, Mechanical Cleaning Processes, and Disinfection
- _____ **2. Inspection, Assembly and Packaging (5 Hours)**
Instrument Inspection, Testing and Assembly, and Packaging Methods
- _____ **3. Sterilization (4 Hours)**
High and Low Temperature Sterilization and Sterility Assurance Systems
- _____ **4. Sterile Storage and Distribution Systems (2 Hours)**
Sterile Storage, Inventory Management, and Distribution Systems

Please Remember: Every line in this section **must** be completed, and the applicant **cannot** complete any part of this section, whatsoever (not even their name or facility information.) Doing so may result in the application being returned, unprocessed.

Printed Name of Vendor Whose Experience Is Being Verified: _____

Facility Where Vendor’s Observation Was Completed: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Dates When Vendor’s Observation Was Completed (must have occurred within the past 5 years): _____ to _____
Mandatory (Month/Date/Year) **Mandatory (Month/Date/Year)**

Manager/Supervisor’s Title Within the Department: _____ Date: _____

Mgr/Spv’s Name & Signature: _____
Printed Name **Signature**

Mgr/Spv’s Contact Information: _____
Work Phone Number (with Extension) **Work Email (Personal email accounts, such as gmail or yahoo, cannot be used)**

In accordance with the "Americans with Disabilities Act" (ADA), IAHCSMM will arrange to provide special testing accommodations for those individuals with a condition or disability as defined under the ADA. Accommodations will be provided at a designated testing center at no additional cost to the applicant. IAHCSMM's "Americans with Disabilities Policy Statement" is printed on the reverse side of this form and can also be found in full at www.iahcsmm.org. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you complete this form and return it with your examination application.

Documentation from an appropriate professional who has made an assessment of the applicant's condition or disability must be included with this form and must identify the condition or disability and the need for the requested accommodation. Supplemental documentation may be requested in order to better understand how the listed disability/disabilities necessitate the requested accommodation.

Applicant Information:

| | | | | |
|------------------------|-------|------------|-----------|----------------|
| Last Name | | First Name | | Middle Initial |
| Street Address | | | | |
| City | State | Zip | Day Phone | |
| Signature of Applicant | | Date | | |

Examination: (Please check one)

- | | |
|--|---|
| <input type="checkbox"/> Certified Registered Central Service Technician (CRCST) | <input type="checkbox"/> Certified Instrument Specialist (CIS) |
| <input type="checkbox"/> Certification in Healthcare Leadership (CHL) | <input type="checkbox"/> Certified Central Service Vendor Partner (CCSVP) |

Description of Disability:

Accommodations Requested: (Please check all that apply & provide description of how the accommodation serves to mitigate disability)

- Special Seating or other Physical Accommodations
- Special Testing Area
- Extended Testing Time
- Other (Please explain)

Professional Making Assessment of Candidate's Condition or Disability:

| | | |
|-----------------------------|--------------------|------------------------------------|
| Professional's Printed Name | | Professional's Title |
| Professional's Signature | Date of Assessment | Professional's Office Phone Number |

Americans with Disabilities Act Policy Statement

IAHCSMM is committed to complying with all applicable provisions of the Americans with Disabilities Act of 1990, as amended by the ADA Amendments Act of 2008 (the "ADA, as amended"). It is IAHCSMM's policy not to discriminate against any qualified applicant with regard to any term or condition associated with any examination administered by IAHCSMM. Consistent with this policy, IAHCSMM will offer and conduct all examinations in a place and a manner in compliance with the ADA, as amended, to assure accessibility to qualified persons with disabilities. IAHCSMM also will provide a reasonable accommodation to a qualified person with a disability, as defined by the ADA, as amended, who has made IAHCSMM aware of his/her disability, provided that the accommodation does not fundamentally alter the measurement of the skills or knowledge associated with the examination and does not constitute an undue hardship on IAHCSMM.

IAHCSMM also will not discriminate against any person because of his/her known association or relationship with any person with a known or perceived disability.

IAHCSMM encourages any examination applicant with a disability to come forward and request a reasonable accommodation. Any examination applicant with a disability who believes he/she needs a reasonable accommodation to participate in the examination should contact the IAHCSMM Exams Department.

Procedure for Requesting an Accommodation

Upon receipt of a request for an accommodation, IAHCSMM's Exams Department will contact the examination applicant, or his/her authorized personal representative, to discuss and identify the precise limitations resulting from the disability and the possible accommodation that IAHCSMM might provide to help overcome those limitations.

The determination regarding what might be a reasonable accommodation for an applicant claiming to have a disability in order to assure equal and fair access to the examination being administered will be made on a case-by-case basis. IAHCSMM will determine the feasibility of any accommodation, including the specific accommodation requested by the applicant, taking into account all relevant circumstances including, but not limited to: the nature of the claimed disability; the nature and cost of the accommodation; IAHCSMM's overall financial resources and organization; and the accommodation's impact on certification operations and security. Based upon the circumstances of the case, IAHCSMM may provide: appropriate auxiliary aids or services for an applicant with a sensory, manual, or speaking impairment; and/or modifications to the manner in which the test is administered. IAHCSMM will seek to determine an accommodation that best ensures that the test is administered: to reflect the aptitude, achievement level, or whatever other factor the examination purports to measure, rather than the disability of an applicant; to assure accessibility in the facility where the examination is administered.

IAHCSMM will inform the applicant of its decision pertaining to the accommodation request. If the accommodation request is denied, the applicant may appeal the decision by submitting a written statement to IAHCSMM's Certification Council explaining the reasons for the request. If the request on appeal is denied, that decision is final.

Procedure for Reporting Discrimination

An applicant who has questions regarding this policy or believes that he/she has been discriminated against based upon a disability should notify IAHCSMM's Certification Council. All such inquiries or complaints will be treated as confidential to the extent permissible by law.



IAHCSMM RENEWAL STATEMENT

55 West Wacker Drive, Suite 501, Chicago, IL 60601 USA • IAHCSMM.org
Toll-Free: 1.800.962.8274 • Local: 1.312.440.0078 • Fax: 1.312.440.9474

If you would like to update your name, address, or other contact and employment details, please see the reverse side of this form. You may also update your information by email (mailbox@iahcsmm.org), phone (1.800.962.8274), or online (myaccount.iahcsmm.org).

IF MAILING, FAXING, OR SCANNING & EMAILING YOUR RE-CERTIFICATION SUBMISSION, A COPY OF THIS STATEMENT MUST BE INCLUDED

MAIL TO: 55 WEST WACKER DRIVE, SUITE 501
CHICAGO, IL 60601, UNITED STATES
FAX TO: 1-312-440-9474
EMAIL TO: RECERTIFICATION@IAHCSMM.ORG

DUE DATE:
ACCOUNT ID#:
CERTIFICATIONS HELD:
CE CREDITS DUE:

CE CREDITS

- Attached** (recommended) **Already Submitted** **Will Submit Separately** (by above due date)

RENEWAL FEE

- \$60 Certification with Membership**
Includes one year of re-certification & membership, plus:
• Subscriptions to *Central Source* & *PROCESS* magazines
• Discounts on a variety of products, including: online lessons, webinars, annual conference fees, publications & merchandise
• Access to the online forum & resource documents at IAHCSMM.org
• Eligibility to vote in IAHCSMM elections, run for office, and more!
- \$50 Certification Only**
Includes one year of re-certification, plus:
• Subscriptions to *Central Source* & *PROCESS* magazines
- * **Please Note:** If no selection is made in this section, you will be charged \$50 for certification renewal only

PAYMENT INFO

- Credit/Debit Card**
Card #: _____
Expiration Date: _____ CV2 #: _____
Card Holder's Signature: _____
Email for Receipt: _____
- Check**
Check #: _____
- Money Order**
Money Order #: _____
- Online Payment** (via myaccount.iahcsmm.org)
- * **Please Note:** IAHCSMM **cannot** accept cash payments & all checks/money orders **must** be submitted by mail

PLEASE NOTE Your complete renewal (re-certification fee and continuing education credits) is due by the above listed date. If your complete renewal is not received by this date, your certification(s) will be suspended. During suspension you **are not** considered certified and **cannot** use any of the certification titles you may hold. You will then have a six week grace period in which to submit all past-due fees and CE credits. If your complete renewal is not received by the end of this grace period your certification(s) would then be revoked and you would be required to test in order to regain any and all certifications. To avoid having your certification(s) suspended, or possibly revoked, IAHCSMM **strongly** encourages you to renew at least four weeks prior to your expiration date. (Once received by IAHCSMM, renewals are typically processed within 5-7 business days.)

STATEMENT OF UNDERSTANDING By submitting a renewal fee and continuing education credits, I attest that I have read and understand the IAHCSMM Certification Handbook (available online at IAHCSMM.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 IAHCSMM, 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 IAHCSMM may be audited for verification. I agree to provide any information necessary to verify my renewal credits and authorize IAHCSMM 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 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 the disciplinary policy. I agree that all claims made regarding my certification status must be in compliance with IAHCSMM 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.

A NOTE ABOUT CONTRIBUTIONS For tax purposes, IAHCSMM membership dues may be deducted as a business expense but not as a charitable donation. IAHCSMM estimated that \$8.40 of membership fees are not deductible in accordance with the IRS Sec 6033.

ACCOUNT INFORMATION If you would like to update any of your personal or professional information, you may do so below. You may also update this information at any time by phone (1.800.962.8274), email (mailbox@iahcsmm.org), or online (myaccount.IAHCSMM.org).

Please Note: To update your name you **must** submit a copy of a legal name change document.

PERSONAL INFORMATION

First Name(s):

Last Name(s):

Personal Phone:

Primary Email:

Mailing Address:

PROFESIONAL INFORMATION

Place of Employment:

Job Title:

Employment Address:

Work Phone:

Work Email:

Continuing Education

The chart below indicates how many Continuing Education (CE) credits are required for your annual re-certification. The list that follows details the many possible ways of achieving CE credits (for even more information, please visit the Certification section of IAHCSMM.org). All CE credits must have been earned in the past year, since your last renewal. (Please do not submit your renewal to IAHCSMM until all necessary CE credits have been obtained.)

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

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

1 In-Services or Staff Meetings

- Attendance must be after your last renewal date
- Topics must directly relate to CS or job performance
- Submission of any in-services/staff meetings must be provided on either hospital letterhead or the back of this form, and include:
 - Your complete name
 - Your manager/supervisor/educator's title, complete printed name & signature
 - The topic, duration & date of each in-service or staff meeting

Example: Staff Meeting Patient Safety Goals 30 min (0.5 CE credits) 11/28/2018

2 Self-Study Lesson Plans/Quizzes

- Quizzes must be taken after your last renewal date
- Your score on a quiz must be 70% or higher in order to receive credit
- Credit value is only given once per passing score of each quiz (quizzes can only be repeated if a failing score was previously received)
- Quizzes graded online through IAHCSMM.org are worth 2 CE credits each & are automatically documented in your account
- Quizzes graded by Purdue University are worth 2 CE credits each & a copy of your Purdue cumulative transcript must be submitted
- Quizzes graded by your supervisor/educator are worth 1 CE credit each & require you to submit a copy of the quiz, which must include: your complete name, your supervisor/educator's title, complete name & signature, and your score
- Pre-Approved, non-IAHCSMM quizzes require you to submit a score sheet or certificate of completion from the quiz provider (vendor, magazine, alternative agency, etc) which must indicate the provider, topic, date of completion, CE value & your name

3 IAHCSMM Annual Conference; Chapter or Regional Meetings; Conferences or Seminars

- Attendance must be after your last renewal date
- Attendance at the IAHCSMM Annual Conference is automatically documented in your account; no additional paperwork is needed for CE credit
- All other conferences/seminars/meetings must be through a recognized professional organization & have IAHCSMM pre-approved CE credit; a **Certificate of Attendance** must be submitted to IAHCSMM & include the event's title & date(s), your name, and the CE credits achieved

4 Technical, Community, or Secondary College Courses

- Course completion must be after your last renewal date
- Course must relate **directly** to knowledge that can be applied to CS or job performance
- Successful completion of a course is worth 6 CE credits
- At **least** 6 weeks prior to your renewal date you must submit the following:
 - 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 indicate name & location of school, topic studied, dates attended, length of course, and proof of passing the course with a C or better)

Certification & Membership Documents

In order to provide added security, and meet the standards of accreditation, your certificate is your primary certification verification document. Upon renewing you will receive a new certificate every year, for each of your IAHCSMM certifications. Wallet size membership cards are issued to those who opt to continue their membership. The card will indicate your membership status, account ID#, and renewal date, but will **not** indicate any certifications held.

Certification Grace Period

If your complete renewal (both your re-certification fee and all CE credits) is not received by your expiration date, your certification(s) will be suspended. You will then have 6 weeks in which to submit all past-due fees and CE credits. During this suspension period you **are not** considered certified and **cannot** use the title of CRCST, CIS, CER, CHL, CCSVP or any other designations you may hold. If your complete renewal is not received by the end of this 6 week grace period your certification(s) will be revoked. **No further extensions will be available.** At that point you would be required to test in order to re-obtain any and all certifications.

To avoid having your certification(s) suspended, or possibly revoked, **IAHCSMM strongly encourages you to renew prior to your expiration date.**



In-Service/Staff Meeting Submission Form

1 hour equals 1 CE credit, ½ hour equals ½ CE credit, ¼ hour equals ¼ CE credit

Revised Jan 2019

Please Remember In-service and/or staff meeting attendance must occur within the past year, since your last renewal date, and must directly relate to CS or job performance. Documentation must be provided on either this form or on hospital letterhead and include (1) your complete name, (2) your direct supervisor/educator's complete name, title & signature, and (3) the topic, duration & date of each in-service or staff meeting.

Additionally, **if you are applying any conferences or seminars toward your renewal, you must submit a copy of the Certificate(s) of Attendance.** Likewise, **if you have completed any non-IAHCSMM online vendor/nursing lessons, you must submit a copy of the Certificate(s) of Completion.**

Examples: In-Service/Staff Meeting Topic: ✓ Patient Safety Goals Duration: ✓ 1/2 Hour Date: ✓ 11/28/2018
 In-Service/Staff Meeting Topic: ✗ CS Staff Meeting Duration: ✗ 5 min Date: ✗ November
↳ Specific Topic Required ↳ Too Short ↳ Exact Date Required

Certificant's Name: _____ **IAHCSMM ID#:** _____

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: _____

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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: _____

Supervisor's Printed Name: _____ **Supervisor's Signature:** _____

Supervisor's Work Title: _____ **Supervisor's Phone:** _____

SUPERVISOR, PLEASE NOTE: If the certificant is submitting a hospital transcript please provide your name, title & signature directly on the transcript.

Total Amount of Continuing Education (CE) Credits from In-Services & Staff Meetings



**International Association of Healthcare
Central Service Materiel Management**

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

(T) 800.962.8274

(P) 312.440.0078

(F) 312.440.9474

**certification@iahcsmm.org
recertification@iahcsmm.org
IAHCSMM.org**