

Information Release Form (to be submitted with exam app)

Revised January 2023



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

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

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

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

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

Fax: **312.440.9474**
Email: **certification@myhspa.org**

SUBMISSION CHECKLIST

Section 1: Examination Type

I have selected the exam I am applying for.

Section 2: Applicant Information

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

Section 3: Exam Application

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

Please note that incomplete forms may cause delays in processing.

HSPA 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. HSPA 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.

HSPA's "Americans with Disabilities Policy Statement" can be found in full at myhspa.org and in the Certification Handbook. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you contact HSPA to request a Special Accommodations form, to be completed and submitted with your application.

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SECTION 1: **EXAMINATION TYPE (PLEASE CHECK ONE)**

Let us know which exam you are applying for.

- CRCST: Certified Registered Central Service Technician CIS: Certified Instrument Specialist
 CER: Certified Endoscope Reprocessor CHL: Certified Healthcare Leader

SECTION 2: **APPLICANT AUTHORIZATION**

This section to be completed by the applicant.

Applicant First Name: _____

Applicant Last Name(s): _____

Authorization

By signing below, I authorize HSPA to release my exam scheduling information, HSPA account ID number, and certification exam results to the _____
Name of Hospital or Facility

My information will be made electronically available to _____
Name of Individual

at _____ (or whoever may hold that same position in the
Work Email Address

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 named institution upon request. No personal or other confidential information will be released.

Applicant's Signature: _____

Date: _____