

# Certified Endoscope Reprocessor (CER) Exam

Revised June 2024



CER certification is designed to recognize individuals who have demonstrated the knowledge and skills necessary to preclean, test, decontaminate, inspect, disinfect and/or sterilize, transport, and store endoscopes in accordance with industry standards, guidelines and regulations, and manufacturers' instructions for use. CER's 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. Those certified as a CER are required to recertify annually through completion of continuing education requirements.

Please read and complete each section fully and accurately in clear, legible handwriting or type. The completed application and full payment must be received for processing.

Submitted applications will be processed in approximately three to four weeks. By submitting, you agree to a \$25 non-refundable submission fee. Information on how to schedule your exam, as well as your window of eligibility, will be sent to the email provided. (Scheduling information cannot be provided by phone.) Once your application is approved, it is your responsibility to schedule your exam within the 120-day window provided.

Additional information on certification requirements, policies, and procedures is available in the HSPA Handbook and at [myhspa.org/certification](http://myhspa.org/certification). For further assistance, contact HSPA at 312.440.0078 or [certification@myhspa.org](mailto:certification@myhspa.org).

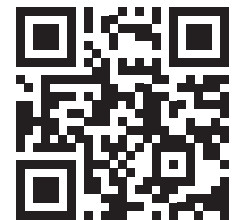
Please complete each page and mail, fax, or email your completed application to:

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

Fax: **312.440.9474**  
Email: **[certification@myhspa.org](mailto:certification@myhspa.org)**

**If you're paying by credit/debit card, we ask that you submit your application online. For video help with applying online, please use this QR code:**

**If you are unable to apply online, please submit this application by fax or email and indicate that you will need a payment link sent by email (see Section 4).**



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](http://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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## APPLICATION CHECKLIST

- I am ready to sit for the CER exam within the next 4 months, once my application is approved.
- Section 1: Certification Prerequisites - The CER is a stand-alone exam and does not require you to hold any other credentials
- Section 2: Applicant Information - I have completed the applicant information.
- Section 3: Standards of Conduct, Disclosure, and Attestations - I have signed and dated the Statement of Understanding.
- Section 4: Application Fee - I have included a signed check/money order in the amount of \$140 USD.
- Section 5: Hands-On Experience - My Manager/Supervisor has completed and signed the Hands-On Experience.

## SECTION 1: CERTIFICATION PREREQUISITES

The CER is a stand-alone exam and does not require you to hold any other credentials.

## SECTION 2: APPLICANT INFORMATION

Please enter your first and last name as they appear on your primary government issued photo ID.

Mr.  Mrs.  Ms.  Dr. HSPA ID# (Optional): \_\_\_\_\_

Applicant First Name: \_\_\_\_\_

Applicant Last Name(s): \_\_\_\_\_

### Personal Information

Home Address: \_\_\_\_\_ Apt/Floor/Unit: \_\_\_\_\_

City, State/Province, Zip/Postal Code: \_\_\_\_\_

Country (if outside the USA): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

### Employment Information (if available)

Organization Name: \_\_\_\_\_

Current Position Title: \_\_\_\_\_

Business City and State/Province: \_\_\_\_\_

Country (if outside the USA): \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Email: \_\_\_\_\_

An email is required. Confirmation and scheduling information will be sent by email. Please check which email you would like to be used for correspondence:  personal  business

Please check which address you would like to be used for any mailed correspondence:  personal  business

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## SECTION 3: **STANDARDS OF CONDUCT, DISCLOSURE AND ATTESTATIONS**

### **APPLICATION 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 HSPA Certification Handbook (available online at myhspa.org) and agree to abide by the certification program's policies and procedures, and adhere to the Association's code of conduct. I agree to inform HSPA, without delay, of any matter that affects my ability to fulfill the certification requirements.

I further certify that the information provided by and about me on this form (and any other subsequent documentation submitted in relation to my certification) is accurate and correct. I understand that the information I provide to HSPA may be audited for verification. I agree to provide any information necessary to verify my experience and authorize HSPA 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 I will receive an individual score report containing a notification of "pass" or "fail" for the overall examination on screen at the testing center upon completion of the exam, and that HSPA will only release my pass/fail results directly to me, in written format, at the preferred address provided herein. Result reports containing an indication of my performance in each of the content domains are not available orally or electronically, and can take up to two weeks to be delivered. Pass/fail notifications will not be provided to 3rd parties without my prior express written consent. Upon request, HSPA will verify an individuals' 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 HSPA on this form, and in regard to my certification exam, will be used in accordance with HSPA's Confidentiality Policy, included in the Certification Handbook and available online at myhspa.org. If I request and am granted special testing accommodations, HSPA 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 HSPA 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 (must be handwritten): \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION 4: **APPLICATION FEE IS \$140 USD**

Payment must be submitted with the application for processing. We cannot accept purchase orders or payments by phone. **The \$140 application fee includes the cost to take the exam one time, as well as a \$25 non-refundable submission fee.** Subsequent examinations and testing are subject to additional testing fees.

I have enclosed a Check or Money Order (payable to HSPA) in the amount of \$140.

If you are unable to apply with a credit card online, please submit this application by fax or email and indicate that you will need a payment link sent by email.

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**TO BE COMPLETED IN FULL BY YOUR MANAGER/SUPERVISOR**

## SECTION 5: **HANDS-ON EXPERIENCE**

All information on this page must be completed in full by the **Manager/Supervisor** who oversaw the applicant's work/volunteer experience. **If the applicant completes any portion of this page, the application will be rejected.**

- The information must be verified by a person in a position higher than the applicant (Lead Tech, Coordinator, Supervisor, Manager, Director, Chief, Administrator or Hospital-Based Educator/Trainer).
- CER Certification requires a minimum of three months experience reprocessing endoscopes **on a 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.
- If the applicant completed their experience in more than one facility, additional copies of this page must be completed by each Manager/Supervisor, indicating the specific number of hours completed in each area.
- Manager/Supervisor must provide work contact information. No personal contact information will be accepted.

Printed Name of Applicant: \_\_\_\_\_

Dates of Experience (must have occurred within the past 3 years):

from (month/date/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to (month/date/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Facility Where Experience Was Obtained: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City, State/Province, Zip/Postal Code: \_\_\_\_\_

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

Printed Name of Manager/Supervisor: \_\_\_\_\_

Current Position Title of Manager/Supervisor: \_\_\_\_\_

Select one:  Lead Tech  Coordinator  Supervisor  Manager  Director  Chief  Administrator  Other \_\_\_\_\_  
DESCRIBE

Work Phone (with extension): \_\_\_\_\_ Work Email: \_\_\_\_\_

I attest that the applicant listed above has completed the minimum 3 months of hands-on experience required for the Certified Endoscope Reprocessor (CER) certification. I further understand that I may be called upon to verify this information in further detail.

**Signature** (must be handwritten): \_\_\_\_\_ Date: \_\_\_\_\_