

Certified Instrument Specialist (CIS) Exam

Form Valid March 1, 2024 – February 28, 2025



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 Sterile Processing 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 SP tech responsibilities.) Those certified as a CIS 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 processing 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. 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**

APPLICATION CHECKLIST

☐ **I am ready to sit for the CIS exam within the next 4 months, once my application is approved.**

☐ **Section 1: Certification Prerequisites**
I hold a full CRCST certification in good standing.

☐ **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 or credit card information with the application.

☐ **Section 5: Hands-On Experience**

My **Manager/Supervisor** has completed and signed the Hands-On Experience

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: **CERTIFICATION PREREQUISITES**

Please verify that you hold a current, full CRCST certification. A CRCST certification with HSPA is required before applying for the CIS examination.

☐ I hold a current, full CRCST certification through HSPA.

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.

Applicant First Name: _____

Applicant Last Name(s): _____

HSPA ID# (Optional): _____

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 CIS 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 application fee includes the cost to take the exam one time, as well as a \$25 non-refundable processing fee. Subsequent examinations and testing are subject to additional testing fees.

☐ Check or Money Order enclosed (payable to HSPA) ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Cardholder Name: _____

Credit Card Number: _____

CVV (found on back of card): _____

Expiration Date: _____

Zip Code of Billing Address: _____

Signature (must be handwritten): _____

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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).
- Each of the four areas below are mandatory for completion, and the hours must be completed in full, in a Central Service/Sterile Processing department.
- 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.

PLEASE INITIAL EACH AREA OF EXPERIENCE COMPLETED BELOW (Typed Initials Will Not Be Accepted):

1. Instrument Decontamination (92 Hours)

INITIAL Disassembly, Manual and Mechanical Cleaning Processes

2. Instrument Assembly (92 Hours)

INITIAL Identification, Inspection, Testing, Assembly, Packaging

3. Instrument Information System Management (12 Hours)

INITIAL Packaging Back Up Instrument System Maintenance, Form Maintenance, Change Notification Systems, Implant Replenishment, Loaner Instrument Processes

4. Surgery Observation (4 Hours)

INITIAL 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: _____

Dates of Experience (must have occurred within the past 5 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 200 hours of hands-on experience required for the Certified Instrument Specialist (CIS) certification. I further understand that I may be called upon to verify this information in further detail.

Signature (must be handwritten): _____ Date: _____