

# Certified Registered Central Service Technician (CRCST) Exam

Revised June 2024



**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 five 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):**

- \_\_\_\_\_  
INITIAL **1. Decontamination (120 Hours)**  
Decontamination (120 Hours) 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, Cleaning, Inspection and/or Preparation of Patient Care Equipment, Equipment Functionality Check (e.g. Washers)
- \_\_\_\_\_  
INITIAL **2. Preparing & Packaging Instruments (120 Hours)**  
Identification, Inspection/Testing of Instruments, Inspection/Testing of Containers & Wrapping Material, Assembly, Packaging Techniques (e.g. Pouches, Flat Wraps, Rigid Containers), Labeling
- \_\_\_\_\_  
INITIAL **3. Sterilization & Disinfection (120 Hours)**  
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), Equipment Functionality Check (e.g. Sterilizers)
- \_\_\_\_\_  
INITIAL **4. Storage & Distribution (24 Hours)**  
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)
- \_\_\_\_\_  
INITIAL **5. Quality Assurance Processes (16 Hours)**  
Interpreting Manufacturer's IFUs (e.g. Device 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), Familiarity with Routine Maintenance Guides for Equipment, Equipment Tracking

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 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 400 hours of hands-on experience required for the Certified Registered Central Service Technician (CRCST) certification. I further understand that I may be called upon to verify this information in further detail.

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