

Certified Instrument Specialist (CIS) 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 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: _____