Certified Instrument Specialist (CIS)
PILOT EXAM (OCT 1–15, 2025)

Revised April 2025

HSPA

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.

The Pilot Exam is only available October 1-15, 2025. All pilot applications must be received by September 15, 2025. 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 pilot window provided. **Pass/fail exam results will not be released until late November, 2025.**

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**

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 paying by check or money order, please mail the payment along with this application.

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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APPLICATION CHECKLIST

- ☐ **I am ready to sit for the CIS exam between October 1–15, 2025, 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 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

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. 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

SECTION 3: STANDARDS OF CONDUCT, DISCLOSURE AND ATTESTATIONS

APPLICATION STATEMENT OF UNDERSTANDING

I hereby apply to take the Pilot 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 Pilot Exam Results
I understand that a Pass/Fail notice will be e-mailed to me in late November, 2025, and that HSPA will only release my pass/fail result directly to me, in written format, at the preferred email address provided herein. If I do not pass my exam, a result report containing an indication of my performance in each of the content domains will be provided in my online portal, and an email will be sent to me once they are available. Pass/fail notifications are not available orally and will not be provided to 3rd parties without my prior express written consent. Upon 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 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 $98 USD

Payment must be submitted with the application for processing. We cannot accept purchase orders or payments by phone. **The $98 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 $98.00 USD

If you are paying by credit card, please submit this application online at mycertification.myhspa.org

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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 Section 5, the application will be rejected.**

Disclaimer: The 200 Hours of experience required to apply for the CIS examination must be in addition to the 400 hours earned for the CRCST certification. The hours for the CIS and CRCST certifications must not overlap. The subcategories listed under each section are examples of possible assignments to obtain your hours of experience. The subcategories are meant to be used as a guide and are not an exclusive list. Your total hours in each section should be distributed across several subcategories. The objective is to build upon the knowledge acquired as part of the CRCST certification and assess the higher-level, critical thinking of an Instrument Specialist to comprehend the rationale behind the tasks at hand.

- 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 six areas below are mandatory for completion, and the hours must be completed in full, in a Central Service/Sterile Processing department. **For additional information on what should be covered in each section, see the following page.*
- 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):

_____ **Section 1: Decontamination Processes (56 Hours)***

_____ **Section 2: Instrumentation Assembly, Preparation and Packaging (55 Hours)***

_____ **Section 3: Sterilization and Disinfection Processes (28 Hours)***

_____ **Section 4: Storage and Distribution (20 Hours)***

_____ **Section 5: Quality and Information Systems (33 Hours)***

_____ **Section 6: Surgical Procedure Observation (8 Hours)***

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: ☐ Educator ☐ 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: _____

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TO BE COMPLETED IN FULL BY YOUR MANAGER/SUPERVISOR

Section 1: Decontamination Processes (56 Hours)

***Subcategories:** Performance of Quality Control Testing, Preparation, Equipment Functionality Check (e.g. Washers); Selection of Solutions and Cleaning Implements; Inspection of Washers and Washer Rack Arms for Patency; Processing of Time Sensitive Items; Prioritization of Turnover Trays Using Schedule and Verbal Communication with the OR and Clean Side Leadership; Sorting of Complex Instrumentation; Interpretation of Manufacturer's IFU; Selection of Washer Cycles; Traceability of Items and Documentation; Manual Instrument Cleaning Resource (e.g., Visual Inspection, Borescope); Mechanical Cleaning Compatability (e.g. Washers, Ultrasonic Cleaners)

Section 2: Instrumentation Assembly, Preparation and Packaging (55 Hours)

***Subcategories:** Receiving of Instruments on Clean Side and Washer Cycle Compliance ; Examination and Testing of Complex Medical Devices, Graphic Cases (e.g., Loaner Trays), and Rigid Containers; Assembly and Quality Auditing of Trays with a Focus on Those Deemed Critical; Selection of Containers and / or Wrapping Material that Match Instrument Tray and Sterilization; Inspection of Containers and Wrapping Material; Application of Internal and External Chemical Indicators According to Manufacturer's IFU; Demagnetization of Delicate Instruments; Identification of Complex Instruments and Instrument Composition; Tray Standardization; Instrument Routine Preventative Maintenance / Repairs; Application of Specialized Equipment (e.g., Warming Cabinets, Heat Sealers, Air Gun); Utilization of Sterile Barrier Systems and Protective Packaging According to Manufacturer's IFU (e.g., Wraps, Pouches, Tray Liners)

Section 3: Sterilization and Disinfection Processes (28 Hours)

***Subcategories:** Verification of Equipment Quality Tests and Tasks in Sterilization and High Level Disinfection Areas; Inspection and Rejection of Items Prepared for Sterilization and High Level Disinfection (e.g., Packaging, Labeling, Sterilization Method); Documenting, Auditing, and Record Retention (e.g., Sterilization / HLD, Biologicals / Incubation); Removal of Sterilized Loads and High Level Disinfected Items; Release of Sterilized Items; Troubleshooting and Resolution (e.g., Aborted / Failed Cycles, Wet Loads, Repairs, Recalls) of Sterilization Equipment; Automated / Manual Disinfection

Section 4: Storage and Distribution (20 Hours)

***Subcategories:** Load Release and Storage Protocols; Storage of Sterile Supplies Using Ergonomic Considerations; Ordering and Rotation of Supplies Using Inventory Systems (e.g., First in First Out [FIFO]); Periodic Inventory (e.g., Periodic Automatic Replenishment [PAR] Levels); Reprocessing of Items Using Scheduled Quality Checks; Event Related Shelf Life and Expiration Dating According to Manufacturer's IFU and Facility Policies; Separation of Non-Sterile and Sterile Items; Cleaning of Sterile Storage (e.g., Routine, Terminal); Quality Audits of Assembled Case Carts; Quality Audits of Operating Room Core and Sterile Storage Areas

Section 5: Quality and Information Systems (33 Hours)

***Subcategories:** Critical and / or Quality Process Points (e.g., Data Collection, Reporting) ; Count Sheet Maintenance (e.g., Updating, Helpful Tips, Weights, Pictures); Quality Audits (e.g., Documentation, Transportation and Receiving of Contaminated items, High Error Trays, Water Testing); Solution Dispensing and Equipment (e.g., Automated Dispensing Systems, Appropriate Marking of Detergent Bottles, Expiration Dates); Contribute to Onboarding and Competency Testing; Coordinate Loaner / Vendor Instrument Processes (e.g., Implant Replenishment); Instrument Inventory and Tracking Management; Participate in Customer Management and Development (e.g., OR Huddle, Daily Schedule Review, Form Maintenance); Coordinate Instrument Repair and Preventative Maintenance; Interpret Regulations, Standards, Guidelines, Policies and Procedures; Process Improvement throughout the Instrument Cycle

Section 6: Surgical Procedure Observation (8 Hours)*

***Subcategories:** Observation of a Variety of Specialty Cases Performed at Your Facility, Where Applicable (e.g., orthopedic, cardio-vascular, general, plastics); Observation of Pick List Reconcilliation and Item Retrieval for Case Prior to Start; Observation of Opening of the Operating Room and Sterile Field Set Up; Observation of Instrument Assembly, Handling and Use During Surgical Procedure; Observation of Instrument Request and Troubleshooting Processes; Observation of Point-of-Use Treatment and Transport to the Decontamination Area

Objectives of observation experience:

a. Identify three steps required to prepare the OR for a patient procedure.
b. Name the primary goal of OR personnel between cases in the OR.
c. Outline the steps of the surgical procedure observed.

*Observation experience may be accomplished using a variety of methods:

a. Physical presence in the Operating Room (OR) during set-up, patient procedure, preparation of instruments for transport to decontamination, and following the path of transport to decontamination;
b. Use of videos, designed for educational purposes, specific to surgical procedures; or
c. Observation of a surgical procedure in a simulation OR.

All principles of aseptic practice must be followed in every OR environment.