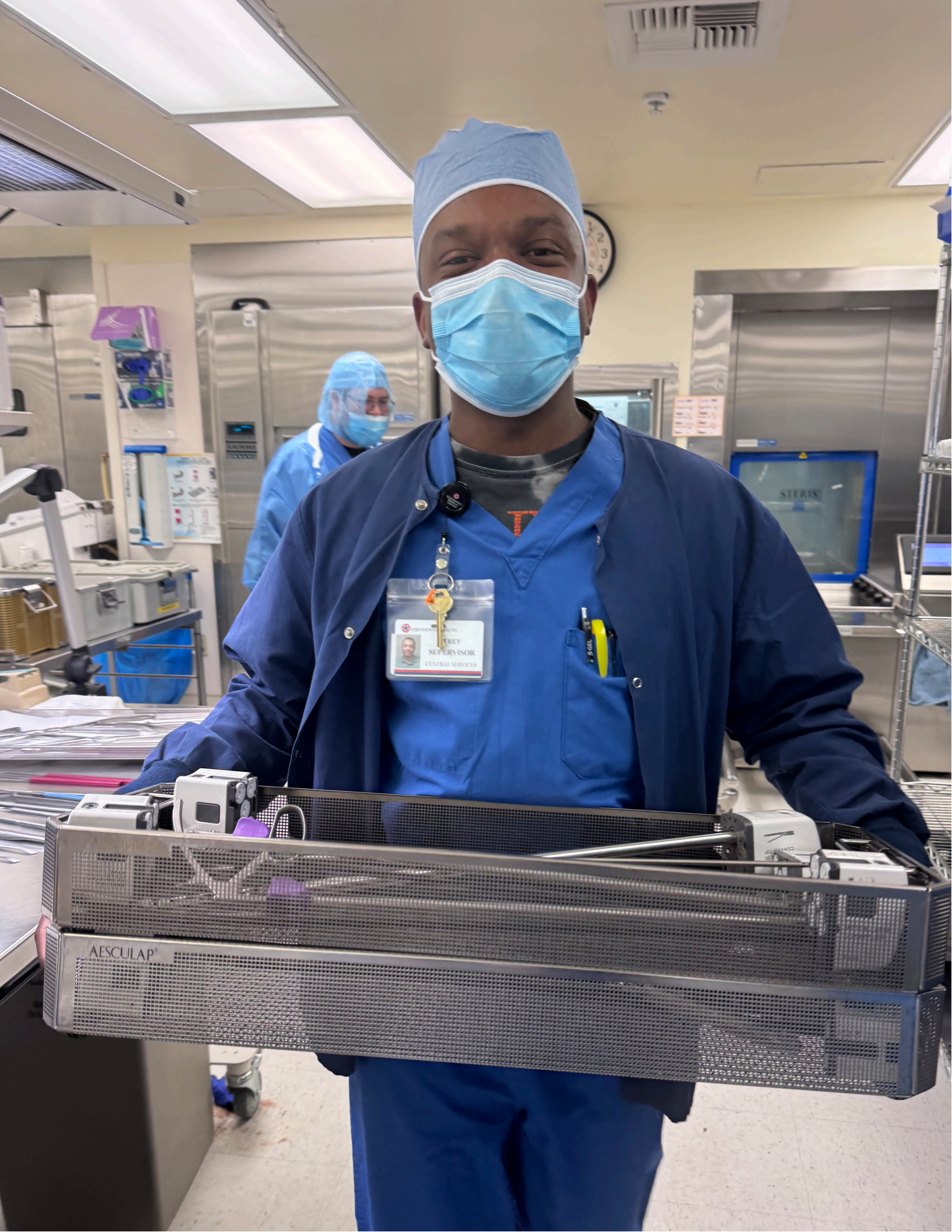
HSPA

HEALTHCARE
STERILE PROCESSING
ASSOCIATION

CERTIFICATION HANDBOOK

Revised January 2026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HSPA CERTIFICATION HANDBOOK

PROCEDURES FOR OBTAINING & MAINTAINING CERTIFICATION

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CERTIFICATION OVERVIEW

Founded in 1958, the International Association of Healthcare Central Sterile Materiel Management, now the Healthcare Sterile Processing Association (HSPA), is the only full service Association for Sterile Processing (SP) professionals. We represent more than 60,000 SP professionals worldwide who value the highest standards in education and certification.

Certification helps ensure that SP technicians possess the essential knowledge and skills necessary for managing critical departmental duties safely, effectively and consistently. What's more, the ongoing education required for SP professionals to maintain their certification status helps ensure that these professionals stay on top of ever-evolving instrumentation, technology, standards and best practices to keep SP departments functioning at peak performance.

For those reasons, and many more, it is essential that SP staff have the knowledge, skills, and training to provide consistent, reliable and quality-focused service.

The Importance of Certification

Patients rarely meet SP professionals, but they rely on them just the same. They count on technicians for clean, sterile, well functioning instruments. They count on them to follow best practices and stay ahead of the technology curve. They count on them to provide safe, quality service - on time, every time.

SP certification can help meet each of those expectations, and more. Whether it's attaining Certified Registered Central Service Technician (CRCST) status, Certified Endoscope Reprocessor status (CER), taking the next step to Certified Instrument Specialist (CIS), improving management skills through Certification in Healthcare Leadership (CHL), or developing vendor relations as a Certified Central Service Vendor Partner (CCSVP), HSPA has you covered.

Certification drives knowledge and competency. It helps ensure that SP professionals stay current with regulations, standards, and best practices. It gives them the confidence in knowing they have both the tools and skills needed to overcome the most challenging obstacles. Above all, certification demonstrates that quality care and safety are the driving forces behind the SP department.

Certification exams go beyond training by providing a tangible measurement of a technician's knowledge of specific functions and products. Certification programs establish standards for education and play an important role in developing a qualified workforce. Your achievement of HSPA certification documents your expertise and recognizes your personal commitment to professional development.

HSPA Certification Programs help you to:

- **Gain practical skills you can use on the job**
  HSPA certification programs focus on the knowledge and skills needed to perform real-world job responsibilities.
- **Build your supervisory skills**
  Increase your personal effectiveness in general healthcare management and improve your key leadership skills.
- **Become more effective**
  When you make professional certification part of your personal training program, you acquire the skills you need to stay current.

Accreditation

HSPA's CRCST, CIS, CER and CHL certifications are accredited by the ANSI National Accreditation Board (ANAB). HSPA's CRCST certification is also accredited by the National Commission for Certifying Agencies (NCCA).

ANAB ANSI National Accreditation Board ACCREDITED ISO/IEC 17024 PERSONNEL CERTIFICATION BODY

ACCREDITED CERTIFICATION PROGRAM NCCA BY ICE

The HSPA Certification Council

HSPA is a non-profit organization governed by a Board of Directors. The HSPA Board has established the Certification Council and granted authority to the Certification Council to independently make essential decisions related to standards, policies, and procedures of the certification program. These decisions are made independently of, and under no influence by, any other individual or business entity within or outside of HSPA.

The Certification Council is responsible for the development of the requirements for eligibility, examination, and recertification for the certification programs as established in the HSPA Bylaws. The Certification Council has developed the certification program to increase the quality of patient care by recognizing competent SP technicians, endoscope reprocessors, instrument specialists, and healthcare leaders.

The Certification Council is solely responsible for essential decisions related to the development, administration, and ongoing maintenance of the certification programs. The Certification Council ensures that all application and eligibility requirements, examination development and administration, recertification requirements, and all certification program policies and procedures are directly related to the scope of the certification programs as stated above. Issues that fall outside of the scope and purpose of the certification programs fall outside of the authority of the Certification Council.

CERTIFICATION OVERVIEW

The HSPA Certification Council shall commit to acting impartially in relation to its applicants, candidates, and certified persons. Certification decisions shall be made in accordance with policies and procedures. Policies and procedures affecting applicants, candidates, and certified persons shall be made public and shall fairly and accurately convey information about the certification program. The HSPA Certification Council shall understand threats to impartiality that include, but are not limited to, self-interest, activities from related bodies, relationships of personnel, financial interests, favoritism, conflict of interest, familiarity, and intimidation. The HSPA Certification Council shall periodically conduct a threat analysis to determine the potential—both real and perceived—of an individual or an organization to influence certification.

What is Certification

Certification is the process by which a non-governmental agency or association grants recognition of competence to an individual who has met certain predetermined qualifications, as specified by the agency or association. HSPA provides a mechanism for individuals to be recognized as having the necessary competence to perform the SP department roles they seek. This mechanism is called certification.

HSPA offers five certifications:

- Certified Registered Central Service Technician (CRCST)
- Certified Instrument Specialist (CIS)
- Certified Endoscope Reprocessor (CER)
- Certified Healthcare Leader (CHL)
- Certified Central Service Vendor Program (CCSVP)

To remain valid, certification must be maintained annually through the renewal process detailed on page 24.

How to Obtain & Maintain Certification

STEP 1 – REVIEW
Review the Certification Handbook and the application for the specific certification you wish to achieve.

STEP 2 – PREPARE
Prepare for the exam through self-study, taking a certification course, or based on your personal knowledge from working in the SP field.

STEP 3 – REQUIREMENTS
Meet the eligibility requirements for the selected examination before submitting your application.

STEP 4 – SUBMIT
Submit the completed application and fee when you are ready to test and be granted an exam window.

STEP 5 – EXAMINATION
Take the examination at the Prometric testing center of your choice. A preliminary pass/fail will be issued at the testing center.

STEP 6 – VERIFICATION
The results of your examination will be available within 24 hours in your account portal. Upon passing, your certification will be valid for one year. If you fail, you may submit a retake application to take the exam again after 6 weeks.

MAINTENANCE
You must maintain your certification annually by submitting Continuing Education credits and certification renewal fees.

CRCST

CERTIFIED REGISTERED CENTRAL SERVICE TECHNICIAN

The Sterile Processing department provides vital support to all areas of patient care, and interacts with personnel from all areas of the hospital. It is the center of all activity involving supplies and equipment needed for surgery and other patient care areas.

As an SP technician, your primary responsibility is to ensure that all instruments used by the medical personnel in your healthcare facility are clean and sterile. This entails performing manual cleaning prior to sterilization, placing cleaned instruments in sterilizers such as autoclaves, and starting and monitoring sterilizers. You also examine equipment for defects and report problems to staff, test autoclaves and record the results, order supplies, assemble instrument trays, distribute supplies, and ensure that sterile supplies are within their expiration date.

HSPA's CRCST certification is accredited by both the ANSI National Accreditation Board (ANAB) and the National Commission for Certifying Agencies (NCCA).

CRCST Certification Scope

The Certified Registered Central Service Technician (CRCST) certification program is designed to recognize entry level and existing technicians who have demonstrated the experience, knowledge, and skills necessary to provide competent services as a central service technician. CRCST's are integral members of the healthcare team who are responsible for decontaminating, inspecting, assembling, disassembling, packaging, and sterilizing reusable surgical instruments or devices in a health care facility that are essential for patient safety. While the CRCST program is based on US practice and standards, it is in harmony with international ISO standards and open to all candidates in the US and abroad who meet the eligibility requirements.

To earn CRCST 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 general central services/sterile processing and infection prevention topics. CRCST certficants are required to recertify annually through completion of continuing education requirements.

How to Prepare for the Examination

Those interested in becoming a CRCST can prepare in one of the following ways:

- **Online/Distance Learning Course:** Purdue University offers an online course designed to help prepare individuals for the CRCST exam. You can find out more about the course by calling Purdue at 800.830.0269 or visiting their website purdue.edu/online/programs-of-study/

  Please Note: Courses are preparation for the exam; passing a course does not equate to Certification. The completion of a preparation course is not mandatory or required for certification eligibility.

- **Self-Study:** You may purchase reference materials and choose to study on your own to prepare for the CRCST exam. The *SP Technical Manual*, 9th Ed (2023), along with ANSI/AAMI's *ST79* (2017), and AORN's *Guidelines for Perioperative Practice* (2025) were used for reference in creating the CRCST exam. You can order these publications to as study materials through myHSPA.org and aornstandards.org

  Please Note: HSPA's education department developed the material referenced above as an optional method to assist individuals in preparing for the CRCST exam. The material was developed and produced independently from the Certification Council, which does not develop, require, approve, or endorse any specific training materials.

- **Work Experience:** You may take the exam based on your personal knowledge from experience in the field; it is not required that you take or pass a preparatory course nor study materials on your own. Applicants can apply directly to take the exam without purchasing study materials or enrolling in a course.

CRCST certification requires that you pass the certification exam and complete 400 hours of hands-on experience in a SP department. These hours can be completed before testing (full CRCST) or after testing (Provisional CRCST). HSPA recommends completing, or at least beginning, your hours of experience before testing. Hands-on experience provides an invaluable resource with which to better understand the standards, knowledge, and practices needed to be successful in an SP department and on the CRCST exam. More information on the accumulation of these hours can be found in the following Requirements for the Examination: Full & Provisional Certification section.

Content & Composition of the Examination

The CRCST exam will test your proficiency in these areas:

1. Departmental Considerations
2. Cleaning, Decontamination and Disinfection
3. Preparation and Packaging
4. Sterilization Process
5. Sterile Storage, Transport and Inventory Management
6. Patient Care Equipment and Distribution
7. Professional Development and Human Relation Skills

Each of these 7 knowledge domains is comprised of a series of sub-domains which further detail the type and amount of content covered in each section, as well as its weight on the certification exam. For information on the development of the CRCST exam please see page 32, and for the full CRCST exam Content Outline please visit myHSPA.org/certification.

The CRCST exam has a total of 150 multiple choice questions. This includes 125 scored and 25 unscored (pretest) questions. Pretest questions are delivered randomly throughout the exam and cannot be distinguished from those that are scored, so it is important that you answer all questions to the best of your ability. Result reports will not include your performance on pretest questions, nor will these pretest questions be used to determine your pass/fail status.

The exam is computer based and no writing instruments are needed (a paper and pencil version of the exam is not available.) Candidates have 3 hours to complete the exam. An optional 15- minute tutorial describing how to take the computer-based test precedes the exam and is also available online at myHSPA.org/prometric-online-sample-tutorial.html (the test clock does not begin until after the tutorial is ended.) While testing, questions can be marked for review and answered or changed later in the exam. For more information regarding the testing process please see the Examination Administration section on page 20.

CRCST CERTIFICATION
FREQUENTLY ASKED QUESTIONS

Who is the CRCST for?
The CRCST is for technicians who are responsible for surgical instruments or devices in a healthcare facility.

How many questions are on the exam?
The CRCST exam has 150 multiple-choice questions, 125 of which are scored. You will have three hours to take the exam.

How much does the initial certification examination cost?
The certification examination costs $140.

What is the timeframe to take the CRCST examination?
The examination is offered throughout the year. Once your application is approved, you have a 120-day period to schedule and sit for your exam.

Where is my closest Prometric testing center?
Visit https://www.prometric.com/test-takers/search/hspa to locate your nearest center.

How often do I need to renew my CRCST certification?
Recertification must successfully be completed annually.

Requirements for the Examination

As well as passing the certification exam, 400 hours of hands-on experience are required in order to obtain CRCST status. Because of the complex nature of the SP department, firsthand experience is essential to supplement an individual's understanding of SP knowledge and concepts and to illustrate their practical use. The following categories of experience, the tasks that comprise them, and the percentage of time required for each was calculated through a SP Job Task Analysis.

To apply for the CRCST examination you must satisfy the requirements of one of following options:

Option 1: Full Certification (Recommended)
Complete and provide a supervisor's documentation (on the exam application as indicated) of a minimum of 400 hours of hands-on experience in a Sterile Processing department, on a paid or volunteer basis, prior to testing. These hours must be broken down into the following areas of experience (as fully detailed on the exam application, available at myHSPA.org):

- Decontamination (120 Hours)
- Preparing & Packaging Instruments (120 Hours)
- Sterilization & Disinfection (120 Hours)
- Storage & Distribution (24 Hours)
- Quality Assurance Processes (16 Hours)

Option 2: Provisional Certification
Complete and provide documentation confirming the completion of a minimum of 400 hours in a Sterile Processing (SP) department. These hours must be physically witnessed and signed by an individual in a managerial position within the SP department who is also in a position above the certificant. These hours may be completed on a paid or volunteer basis, within 6 months of passing the certification exam. These hours must be broken down into the areas of experience outlined above (and as fully detailed on the exam application, available at myHSPA.org).

Documentation of the completed hours of hands on experience must be submitted to HSPA prior to the 6-month expiration date. Failure to submit these hours within this designated time frame will result in a forfeiture of your provisional CRCST certification and successful completion of a retake exam will be required. All applicable fees will apply to this retake examination.

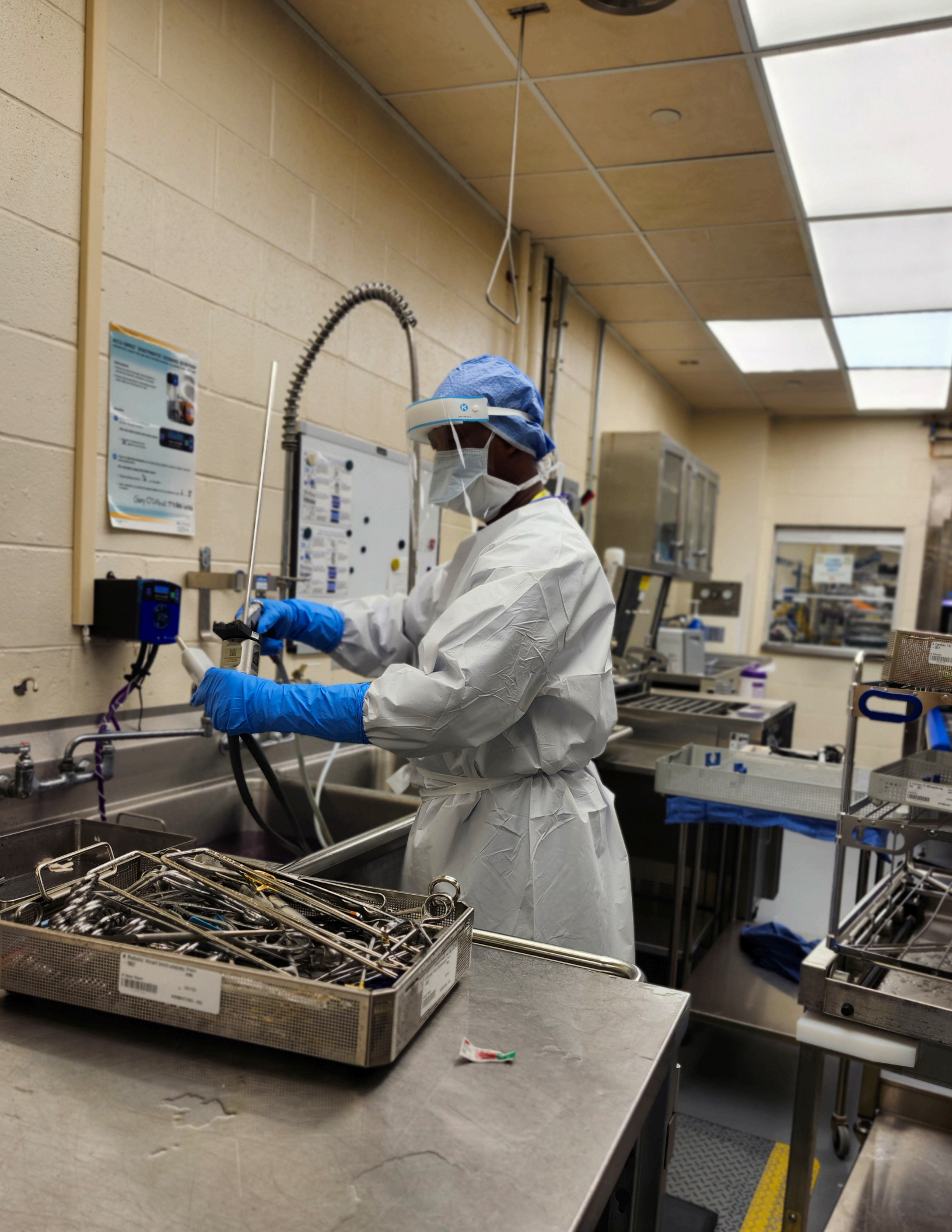
Once your documented experience is received and approved, you will then be issued full CRCST certification.

A one-time, 2-month extension is available to those who are currently working or volunteering within a SP department and approaching the end of their 6 month provisional certification period. An extension request must be made prior to the expiration of your provisional status, and must be submitted by your manager/supervisor of the department in which you are completing your hours by completing HSPA's extension request form. Extensions are not available to those who are not currently volunteering or employed within a SP department.

Documentation of the completed hours of hands-on experience must be submitted to HSPA prior to the **extension** expiration date. Failure to submit these hours within this designated time frame will result in a forfeiture of your provisional CRCST certification and successful completion of a retake exam will be required. All applicable fees will apply to this retake examination.

Please be aware that HSPA does not provide placement services; it is your responsibility to find a department in which to complete your hours, and we strongly encourage you to begin accumulating your hours as soon as you are able.

Please Note: Your experience may be divided among more than one facility. If submitting experience from more than one facility, please have each facility complete a copy of the form and indicate exactly how many hours were done in each area, at each facility. Additionally, if you wish to complete your hands-on experience in a dental, optical, or veterinary clinic (ie any facility other than a hospital or surgery center), the facility must first be reviewed and approved by HSPA. To have a non-traditional facility reviewed, please contact HSPA before you begin accruing your hours.



CIS

CERTIFIED
INSTRUMENT SPECIALIST

Technologies change, standards update, and instrumentation evolves. The learning curve for Sterile Processing professionals is steep and ever-changing, and the demands placed on them ever-growing. To help professionals stay abreast of rapidly changing medical technology, HSPA offers the Certified Instrument Specialist (CIS) exam, which tests knowledge and recognition of medical instruments, as well as reviewing instrumentation practice skills. The CIS exam will test your proficiency in the identification and cleaning of medical instruments; upon completing and passing the exam you will hold the designation of Certified Instrument Specialist (CIS).

Full CRCST certification must be obtained prior to taking the CIS exam, and must be kept current in order to maintain CIS certification.

CIS Certification Scope

The Certified Instrument Specialist (CIS) certification program 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.) CIS certificants are required to recertify annually through completion of continuing education requirements.

How to Prepare for the Examination

Those interested in becoming a CIS can prepare in one of the following ways:

- **Self-Study:** You may purchase reference materials and choose to study on your own to prepare for the CIS exam. For the current exam, you may utilize HSPA's *Instrument Resource Manual*, 2nd Ed (2024) and the *SP Technical Manual*, 9th Ed (2023). These, along with Rick Schultz's *The World of Surgical Instruments* (2022), and ANSI/AAMI's *ST79* (2017), were used for reference in creating the CIS exam. You can order these publications through myHSPA.org and aornstandards.org

- **Work Experience:** You may take the exam based on your personal knowledge from experience in the field; it is not required that you take or pass a preparatory course nor study materials on your own. Applicants can apply directly to take the exam without purchasing study materials or enrolling in a course.

  Please Note: HSPA's education department developed the material referenced above as an optional method to assist individuals in preparing for the CIS exam. The material was developed and produced independently from the Certification Council, which does not develop, require, approve, nor endorse any specific training materials.

CIS certification also requires the completion of 200 hours of hands-on experience in a SP department prior to testing. These hours must not overlap with hours earned for the CRCST exam. Hands-on experience provides an invaluable resource with which to better understand the standards, knowledge, and practices needed to be successful in a SP department and on the CIS exam. More information on the accumulation of these hours can be found in the following Requirements for the Examination section.

Content & Composition of the Examination

The CIS exam will test your proficiency in these areas:

1. Decontamination Processes
2. Instrumentation Identification
3. Instrumentation Inspection, Testing, Integrity and Assembly
4. Preparation and Packaging
5. Disinfection and Sterilization Processes
6. Quality and Information Systems

Each of these 6 knowledge domains is comprised of a series of sub-domains which further detail the type and amount of content covered in each section, as well as its weight on the certification exam. For information on the development of the CIS exam please see page 32, and for the full CIS exam Content Outline please visit myHSPA.org/certification.

The CIS exam has a total of 150 multiple choice questions. This includes 125 scored and 25 unscored (pretest) questions. Pretest questions are delivered randomly throughout the exam and cannot be distinguished from those that are scored, so it is important that you answer all questions to the best of your ability. Result reports will not include your performance on pretest questions, nor will these pretest questions be used to determine your pass/fail status.

The exam is computer based and no writing instruments are needed (a paper and pencil version of the exam is not available.) Candidates have 3 hours to complete the exam. An optional 15-minute tutorial describing how to take the computer-based test precedes the exam and is also available online at myHSPA.org/prometric-online-sample-tutorial.html (the test clock does not begin until after the tutorial is ended.) While testing, questions can be marked for review and answered or changed later in the exam. For more information regarding the testing process please see the Examination Administration section on page 20.

Requirements for the Examination

To apply for the CIS examination, current CRCST status is required. The application itself is available at myHSPA.org Additionally, you must complete and provide documentation (on the exam application as indicated) of a minimum of 200 hours of hands-on experience in a SP department, on a paid or volunteer basis, prior to applying to take the exam. These hours must be broken down into the following areas of experience (as fully detailed on the exam application, available at myHSPA.org):

- Decontamination Processes (56 hours)
- Instrumentation Assembly, Preparation and Packaging (55 hours)
- Sterilization and Disinfection Processes (28 hours)
- Storage and Distribution (20 hours)
- Quality and Information Systems (33 hours)
- Surgical Procedure Observation (8 hours)

CIS CERTIFICATION
FREQUENTLY ASKED QUESTIONS

Who is the CIS for?
The CIS is for instrument specialists working in a healthcare setting.

How many questions are on the exam?
The CIS exam has 150 multiple-choice questions, 125 of which are scored. You will have three hours to take the exam.

How much does the initial certification examination cost?
The certification examination costs $140.

What is the timeframe to take the CIS examination?
The examination is offered throughout the year. Once your application is approved, you have a 120-day period to schedule and sit for your exam.

Where is my closest Prometric testing center?
Visit https://www.prometric.com/test-takers/search/hspa to locate your nearest center.

How often do I need to renew my CIS certification?
Recertification must successfully be completed annually.

CER

CERTIFIED
ENDOSCOPE REPROCESSOR

In recent years, few areas of sterile processing have seen such rapid, and necessary, change as endoscope reprocessing. To help insure that endoscope reprocessing professionals have the knowledge and skills necessary to handle this rapidly evolving specialty, HSPA has developed the Certified Endoscope Reprocessor (CER) exam.

The Certified Endoscope Reprocessor exam will test your proficiency in regard to the pre-cleaning, testing, decontamination, inspection, disinfection and/or sterilization, transport, and storage of endoscopes in accordance with industry standards, guidelines and regulations, and manufactures' instructions for use.

CER Certification Scope

Certified Endoscope Reprocessor (CER) certification is designed to recognize individuals who have demonstrated the knowledge and skills necessary to pre-clean, 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. CER certificants are required to recertify annually through completion of continuing education requirements.

How to Prepare for the Examination

Those interested in becoming a CER can prepare in one of the following ways:

- **Self-Study:** You may purchase reference materials and choose to study on your own to prepare for the CER exam. HSPA's *Endoscope Reprocessing Manual*, 2nd Ed (2022) was used as a reference in creating the CER exam, along with ANSI/AAMI's *ST91* (2022), the CDC's *Essential Elements of a Reprocessing Program for Flexible Endoscopes* (2017), and the following articles by the Society of Gastroenterology Nurses and Associates (SGNA): *Standard of Infection Prevention in the Gastroenterology Setting (2024),* and *Guidelines for Use of High-Level Disinfectants & Sterilants in the Gastroenterology Setting (2017).*

  You can order the HSPA and ANSI/AAMI publications through the myHSPA.org and download the SGNA articles at SGNA.org/Practice/Standards-Practice-Guidelines.

  Please Note: HSPA's education department developed some of the materials referenced above as an optional method to assist individuals in preparing for the CER exam. They were developed and produced independently from the Certification Council, which does not develop, require, approve, or endorse any specific training materials.

- **Work Experience:** You may take the exam based on your personal knowledge from experience in the field; it is not required that you take or pass a preparatory course nor study materials on your own. Applicants can apply directly to take the exam without purchasing study materials or enrolling in a course.

CER certification also requires the completion of three months of hands-on experience reprocessing endoscopes prior to testing. Because of the complex nature of endoscopes, first-hand experience is essential to supplement an individual's understanding of the necessary knowledge and concepts of reprocessing, and to illustrate their practical use. More information on the accumulation of these hours can be found in the following Requirements for the Examination section.

Content & Composition of the Examination

The CER exam will test your proficiency in these areas:

1. Microbiology and Infection Control
2. Endoscope Purpose, Design & Structure
3. Work Area Design
4. Endoscope Reprocessing Steps
5. Endoscope Handling, Transport & Storage
6. Endoscope Tracking, Repair & System Maintenance
7. Human Factors That Impact Endoscope Systems

Each of these 7 knowledge domains is comprised of a series of sub-domains which further detail the type and amount of content covered in each section, as well as its weight on the certification exam. For information on the development of the CER exam please see page 32, and for the full CER exam Content Outline please visit myHSPA.org

The CER exam has a total of 150 multiple choice questions. This includes 125 scored and 25 unscored (pretest) questions. Pretest questions are delivered randomly throughout the exam and cannot be distinguished from those that are scored, so it is important that you answer all questions to the best of your ability. Result reports will not include your performance on pretest questions, nor will these pretest questions be used to determine your pass/fail status.

The exam is computer based and no writing instruments are needed (a paper and pencil version of the exam is not available.) Candidates have 3 hours to complete the exam. An optional 15- minute tutorial describing how to take the computer-based test precedes the exam and is also available online at myHSPA.org/prometric-online-sample-tutorial.html (the test clock does not begin until after the tutorial is ended.) While testing, questions can be marked for review and answered or changed later in the exam. For more information regarding the testing process please see the Examination Administration section on page 20.

Requirements for the Examination

As well as passing the certification exam, you must complete and provide documentation (on the exam application as indicated) of a minimum of three months of hands-on experience prior to applying to take the exam. These hours must include the following areas of experience (as also detailed on the exam application, available at myHSPA.org/certification): pre-cleaning, testing, decontaminating, inspecting, disinfecting and/or sterilizing, transporting, and storing endoscopes.

CER CERTIFICATION
FREQUENTLY ASKED QUESTIONS

Who is the CER for?
The CER is for individuals who are responsible for processing and preparing endoscopes for use in healthcare facilities.

How many questions are on the exam?
The CER exam has 150 multiple-choice questions, 125 of which are scored. You will have three hours to take the exam.

How much does the initial certification examination cost?
The certification examination costs $140.

What is the timeframe to take the CER examination?
The examination is offered throughout the year. Once your application is approved, you have a 120-day period to schedule and sit for your exam.

Where is my closest Prometric testing center?
Visit https://www.prometric.com/test-takers/search/hspa to locate your nearest center.

How often do I need to renew my CER certification?
Recertification must successfully be completed annually.

CHL

CERTIFIED HEALTHCARE LEADER

A safe, efficient, quality-driven Sterile Processing department cannot be maintained without a skilled and knowledgeable leader at the helm. Those in SP leadership positions have the power – and the responsibility – to ensure that their department is poised to tackle that critical goal effectively, consistently, and responsibly.

The Certified Healthcare Leader exam will test your proficiency in management and supervisory skills, and upon completing and passing the exam you will hold the designation of Certified Healthcare Leader (CHL).

Full CRCST certification must be obtained prior to taking the CHL exam, and must be kept current in order to maintain your CHL certification.

CHL Certification Scope

The Certified Healthcare Leader (CHL) program is designed to recognize individuals who have demonstrated the management and supervisory skills necessary to provide effective leadership in the Sterile Processing department. CHL's are indispensable members of the healthcare team who are responsible for managing the daily operations of the Sterile Processing department including standards and regulation compliance, finance, reporting, staffing, human resource management, and inter- and itra-departmental communications.

To earn CHL certification, candidates are required to demonstrate skills through the successful completion of an examination developed to measure the understanding of general sterile processing, infection prevention, and management topics. CHL certificants are required to recertify annually through completion of continuing education requirements.

How to Prepare for the Examination

Those interested in becoming a Certified Healthcare Leader (CHL) can prepare in one of the following ways:

- **Distance Learning Course:** Purdue University offers a correspondence course online designed to help prepare individuals for the CHL exam. You can find out more about the course by calling Purdue at 800.830.0269 or visiting their website purdue.edu/online/programs-of-study/

  Please Note: Courses are preparation for the exam; passing a course does not equate to Certification.

- **Self Study:** You may purchase reference materials and choose to study on your own to prepare for the CHL exam. For the current exam, you may utilize HSPA's *SP Leadership Manual*, 4th Ed (2024) and HSPA's *SP Technical Manual*, 9th Ed (2023). These, along with ANSI/AAMI's *ST79* (2017) and AORN's *Guidelines for Perioperative Practice* (2023) were used for reference in creating the CHL exam. You can order these publications through myHSPA.org and aornstandards.org

  Please Note: HSPA's education department developed the materials referenced above as an optional method to assist individuals in preparing for the CHL exam. The materials were developed and produced independently from the Certification Council, which does not develop, require, approve, or endorse any specific training materials.

- **Work Experience:** You may take the exam based on your personal knowledge from experience in the field; it is not required that you take or pass a preparatory course nor study materials on your own. Applicants can apply directly to take the exam without purchasing study materials or enrolling in a course.

Content & Composition of the Examination

The CHL exam will test your proficiency in these areas:

1. Planning and Decision Making
2. Organizing
3. Leading
4. Controling

Each of these four knowledge domains is comprised of a series of sub-domains which further detail the type and amount of content covered in each section, as well as its weight on the certification exam. For information on the development of the CHL exam please see page 32 and for the full CHL exam Content Outline please visit myHSPA.org

The CHL exam has a total of 150 multiple choice questions. This includes 125 scored and 25 unscored (pretest) questions. Pretest questions are delivered randomly throughout the exam and cannot be distinguished from those that are scored, so it is important that you answer all questions to the best of your ability. Result reports will not include your performance on pretest questions, nor will these pretest questions be used to determine your pass/fail status.

The exam is computer based and no writing instruments are needed (a paper and pencil version of the exam is not available.) Candidates have 3 hours to complete the exam. An optional 15- minute tutorial describing how to take the computer-based test precedes the exam and is also available online at myHSPA.org/prometric-online-sample-tutorial.html (the test clock does not begin until after the tutorial is ended.) While testing, questions can be marked for review and answered or changed later in the exam. For more information regarding the testing process please see the Examination Administration section on page 20.

Requirements for the Examination

To apply for the CHL examination current CRCST status is required. The application itself is available at available at myHSPA.org/certification.

CHL CERTIFICATION
FREQUENTLY ASKED QUESTIONS

Who is the CHL for?
The CHL is for individuals responsible for managing the daily operations of a Sterile Processing department.

How many questions are on the exam?
The CHL exam has 150 multiple-choice questions, 125 of which are scored. You will have three hours to take the exam.

How much does the initial certification examination cost?
The certification examination costs $140.

What is the timeframe to take the CHL examination?
The examination is offered throughout the year. Once your application is approved, you have a 120-day period to schedule and sit for your exam.

Where is my closest Prometric testing center?
Visit https://www.prometric.com/test-takers/search/hspa to locate your nearest center.

How often do I need to renew my CHL certification?
Recertification must successfully be completed annually.

CCSVP

CERTIFIED CENTRAL SERVICE VENDOR PARTNER

As a vendor, it can take a long time to set an appointment with a Sterile Processing (SP) management team, and you are lucky to receive a few precious minutes of their undivided attention. Having in-depth knowledge of SP operations, procedures, and terminology can be your key to establishing a professional link with the department's decision-makers. One of the best ways to improve your SP knowledge is to become a Certified Central Service Vendor Partner (CCSVP).

Completing the CCSVP course and obtaining your certification will help to open doors for you in SP. The management team will know that as a Certified Vendor you are well versed in the departmental operations and the difficulties their staff encounter daily. The CCSVP course will give you an inside look at SP, building your knowledge from decontamination all the way to the key decision-making protocols. You will achieve a deeper level of connection and credibility with your customers. When you are CCSVP certified, you are more than a salesperson. You are a solution provider.

Please Note: The CCSVP is meant as an introduction to Sterile Processing for vendors. Because of this, individuals who have already achieved higher level certifications (such as the CRCST) are not eligible to apply for CCSVP.

CCSVP Certification Scope

The Certified Central Service Vendor Partner (CCSVP) certification program is designed to recognize vendors who have demonstrated knowledge of Sterile Processing concepts and processes including the decontamination, inspection, assembly, packaging, and sterilization of reusable surgical instruments.

To earn CCSVP certification, candidates are required to successfully demonstrate knowledge through the completion of an online course, specific Sterile Processing department observations, and successful completion of an examination developed to measure the understanding of general sterile processing and infection prevention topics. CCSVP's are required to recertify annually through completion of continuing education requirements.

How to Prepare for the Examination

To study for the CCSVP certification, the following course is required:

- **Online Course:** HSPA offers an online course that is designed to prepare vendors for the CCSVP exam. You can find out more about the course by calling 800.962.8274 or by visiting myHSPA.org

Course Price: $375

The course fee includes the following:
- Sterile Processing Technical Manual, 9th edition (shipping included)
- One year of access to the online course portal
- Online course final practice exam to prepare for the certification exam
- Certification exam fee (one attempt)

All requests for course refunds must be made within 30 days of purchase, and before the online course has been started.

Please Note: The course is preparation for the exam; passing the course does not equate to Certification.

Content & Composition of the Examination

The CCSVP exam will test your proficiency in these areas:

- Introduction to the Central Service Department
- SP Processes: Decontamination
- SP Processes: Assembly & Packaging
- SP Processes: Sterilization
- Inventory Management/Distribution Systems & Vendor Relationships
- The Impact of Regulations & Standards on SP

The exam is computer based, and no writing instruments are needed (a paper and pencil version of the exam is not available.) The test is comprised of 100 multiple choice questions and you will have 2.25 hours to complete the exam. Questions can be marked for review and answered or changed later in the exam. A 15 minute tutorial describing how to take the exam on the computer precedes the test and is also available online by visiting myHSPA.org/prometric-online-sample-tutorial.html. For more information regarding the testing process please see the Examination Administration section on page 20.

Requirements for the Examination

To sit for the CCSVP examination, two rounds of clinical observation are required, as well as the completion of the CCSVP online course through HSPA. You must complete and provide documentation (on the exam application as indicated) of a minimum of 32 hours of observation prior to applying to take the exam. The hours must be split equally between the two healthcare facilities and broken down into the following areas of experience at each (as fully detailed on the exam application, available at myHSPA.org/certification):

- Decontamination (5 Hours)
- Inspection, Assembly, and Packaging (5 Hours)
- Sterilization (4 Hours)
- Sterile Storage & Distribution Systems (2 Hours)

All hours of observation must be completed in full before applying to take the exam. Please Note: The cost of the online CCSVP course includes one attempt at the CCSVP certification exam. Any necessary retake exams would be subject to the full exam fee of $140 USD.

CCSVP CERTIFICATION
FREQUENTLY ASKED QUESTIONS

Who is the CCSVP for?
The CCSVP is for vendor representatives who sell services or products to SP departments.

How many questions are on the exam?
The CCSVP exam has 100 multiple-choice questions. You will have two and one-quarter hours to complete the exam.

How much does the initial certification examination cost?
The certification course and initial examination costs $375.

What is the timeframe to take the CCSVP examination?
The examination is offered throughout the year. Once your application is approved, you have a 120-day period to schedule and sit for your exam.

Where is my closest Prometric testing center?
Visit https://www.prometric.com/test-takers/search/hspa to locate your nearest center.

How often do I need to renew my CCSVP certification?
Recertification must successfully be completed annually.

EXAM & TESTING PROCESS

COMPLETING & PROCESSING EXAM APPLICATIONS

HSPA has contracted with the Prometric Testing Company to provide our certification exams worldwide. Exam appointments cannot be made with the testing company without first submitting an application and payment to HSPA and then receiving your scheduling information. Applications must be submitted to HSPA by mail or online. Once received, your application will be reviewed to determine completion of all eligibility requirements. You will be notified if any documentation or information is missing that requires you to resubmit your application.

All exams are offered only in English, and no translation services are available. Accommodations are not provided for English as a Second Language (ESL).

The exam application process works like this:

- **Make sure you have the appropriate and most current application form.**
  Each HSPA certification exam has its own specific application, valid only for that particular examination. Carefully review the eligibility requirements for your exam (as detailed on pages 5- 10) to ensure that you meet all the requirements as specified. An application and fee must be submitted every time you wish to sit for a certification test.

- **HSPA does not impose any deadline dates for the submission of applications, unless an exam is being updated.**
  Complete and submit an application only when you are ready to be granted a 120 day testing eligibility. No testing eligibility extensions are available, so please do not submit your application until you are ready to take the certification exam.

- **All sections of the application must be completed (unless otherwise specified.)**
  Be sure to clearly print all information on the application. Illegible or cursive writing will lead to delays and may result in an inability to process your request to take an exam. Any mandatory sections submitted as blank or missing information will result in your application being returned to you. *All applications with an applicable hours of experience section must contain a handwritten signature from your manager/supervisor.*

- **Payment must be rendered, in full, at the time of the submission of your application.**
  The full exam fee is required for every exam taken (including any retake attempts.) Exam applications received without payment cannot be processed and will be returned. All applications include a $25 non-refundable submission fee.

  If paying by credit/debit card, please submit your application online at https://mycertification.myHSPA.org.

  If paying by check or money order, you must mail your completed application with payment to the following address **(do not send cash)**:

  HSPA
  55 W Wacker Dr, Suite 501
  Chicago, IL 60601
  Attn: Examinations

  Please Note: All Canadian and other non-US payments must be made by either credit/debit card or money order made out in US funds (HSPA cannot accept checks drawn on non-US currencies).

- **Once your application and payment have been received in our office, processing will take approximately 3-4 weeks.**
  Information on scheduling your exam, available testing dates and locations, and the testing process details will be emailed to the address provided on the application. Email notifications will be sent within 24 hours of application processing. Scheduling information cannot be given by phone.

- **Once you receive your scheduling email it is your responsibility to schedule your exam.**
  Information will be provided for you to schedule your exam, online or by phone, at the nearest Prometric testing site. Further, it is your responsibility to arrange your own transportation to/from the testing site, arrive on time, and provide acceptable forms of identification. For more information regarding the testing process please see the Examination Administration section on page 20.

EXAM & TESTING PROCESS

Verification of Examination Requirements

If hands-on experience (CRCST, CIS, and CER) or clinical observation (CCSVP) is required for your examination then documentation of that experience must be provided on the exam application as indicated. No other documentation of your experience is acceptable. Additional verification documentation may be requested upon review, such as employment or volunteer verification from the facility where your hours were obtained.

The sections of the application documenting your experience must be completed by the department's supervisor who who physically observed and oversaw your work, and must be accrued within the past 3 (CER) or 5 (CRCST, CIS, CCSVP) years. An individual in a leadership role within the department **cannot** document their own experience. They are still required to have their immediate supervisor complete all required documentation.

Provided they are in a position above your own then experience hours can be documented by:

- Lead Techs, Coordinators, or Supervisors
- Managers, Chiefs, Directors, or Administrators
- Hospital-Based Educators or Trainers

Hours **cannot** be documented by technicians, program directors, or private instructors. In order to verify experience, all contact information provided for the manager or supervisor documenting your hours must be current or your application will be rejected. Signatures must further be handwritten on all paper forms.

Hands-on hours can be accumulated on a paid or volunteer basis and you need not be currently employed or volunteering with a facility in order to test. All hours must be completed prior to testing, with the exception of those testing provisionally for the CRCST exam (see the CRCST Requirements for the Examination: Full & Provisional Certification section on page 6).

Applications requiring hands-on experience may be subject to verification before processing. Once selected for verification, an application cannot be processed further until the supervisor documenting the applicant's hours of experience can be contacted and the experience confirmed. If the listed supervisor cannot be reached for confirmation, the application will be returned unprocessed. If the supervisor is reached but refutes the information submitted in any way, the application will be sent to the Certification Council for further investigation and review (see the following Falsified & Misleading Application Documentation section.) Applicants who have submitted a completed application and who are notified that they do not meet the eligibility requirements may appeal this decision by sending a written notice of the appeal to the Certification Council within 30 days of the time stamp on the eligibility decision. Appeals that cannot be resolved to the applicant's satisfaction will be forwarded by the Director of Certification to the Council for review along with any relevant information from the initial review of the application. Written notice of the final decision will be sent to the applicant within 30 days of the review. The decision of the Certification Council will be final.

Falsified & Misleading Application Documentation

All information provided by and about you on the exam application (and any other subsequent forms submitted in relation to the application) must be accurate and correct. If any information provided on an exam application or any other document relating to your certification is determined to be false or purposefully misleading, HSPA can reject your application and disqualify you from future testing. The HSPA Certification Council will review all such instances and determine the appropriate recourse, including the invalidation of test results, the revocation of any certifications which have been granted, and/or the denial of recertification.

Refunds & Forfeiture of Exam Fees

All requests for refunds must be made within 30 days of the start of your testing eligibility and before an exam appointment has been made. All applications further include a non-refundable submission fee.

Upon applying, you and/or your manager or supervisor may be asked to provide additional information or documentation to complete your application. If contacted, you will have 120 days to submit the requested information. Failure to do so within this timeframe will result in cancellation of your application, and you will forfeit your exam fee. To apply again, you will be required to submit a new application along with a separate exam fee.

Once your application has been processed in full, failure to schedule and take an exam within the allotted 120-day testing eligibility, missing or arriving late for an appointment, or presenting ID that is unacceptable, expired, or does not match your registered name (as provided on your exam application), will prohibit you from testing and effectively end your exam eligibility period. Your exam fee will be forfeited and you will not be eligible for any refund. The application process must be repeated and full payment submitted, when you are ready to have a new test eligibility granted.

Change of Name and/or Address

Any name changes due to marriage, divorce, or other reasons, as well as any corrections needed due to typos/ misspellings, must be made with HSPA before scheduling

an exam. Legal name changes must be accompanied by a photocopy of a marriage license, divorce decree, or other court order. Documentation may be submitted using the online form found at myHSPA.org, submitted by email to certification@myHSPA.org, faxed to 312.440.9474, or mailed to HSPA, 55 W Wacker Dr, Suite 501, Chicago, IL 60601. Failure to change or correct your name prior to testing may result in an inability to test and a forfeiture of all exam fees.

If your address changes or needs corrected from what appears on your scheduling information please contact HSPA prior to your test date by calling 800.962.8274 or emailing certification@myHSPA.org

All changes must be made directly with HSPA, name and/or address changes cannot be made at the test center.

Non-Disclosure Agreement

All HSPA examinations are confidential and proprietary. They are made available to you, the examinee, solely for the purpose of becoming certified in the technical area referenced in the title of the exam. You are 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, without the express written permission of HSPA.

Use of Personal Information

The information provided to HSPA on your exam application, and in regard to your certification exam, will be used in accordance of HSPA's **Confidentiality Policy** on page 30. If you request and are granted special testing accommodations (see the following **Applicants with a Disability** section) HSPA will disclose personal information to third parties as necessary to administer your examination. This may include such information as your disability status, medical condition, or any political, religious, or philosophical beliefs which require accommodation.

Applicants with a Disability

Please notify HSPA in writing at the time of application if you wish to request testing accommodations.

In accordance with the "Americans with Disabilities Act" (ADA), 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. If you believe that you qualify for an accommodation pursuant to the ADA, the Special Accommodations Request form can be found online at myHSPA.org

Documentation from an appropriate professional who has made an assessment of the applicant's condition or disability must be included with the form and must identify the condition or disability and the need for the requested accommodation.

Americans with Disabilities Act Policy Statement

HSPA is committed to complying with all applicable provisions of the Americans with Disabilities Act of 1990, as amended by the ADA Amendments Act of 2008 (the "ADA, as amended"). It is HSPA's policy not to discriminate against any qualified applicant with regard to any term or condition associated with any examination administered by HSPA. Consistent with this policy, HSPA will offer and conduct all examinations in a place and a manner in compliance with the ADA, as amended, to assure accessibility to qualified persons with disabilities. HSPA also will provide a reasonable accommodation to a qualified person with a disability, as defined by the ADA, as amended, who has made HSPA aware of his/her disability, provided that the accommodation does not fundamentally alter the measurement of the skills or knowledge associated with the examination and does not constitute an undue hardship on HSPA.

HSPA also will not discriminate against any person because of their known association or relationship with any person with a known or perceived disability.

HSPA encourages any examination applicant with a disability to come forward and request a reasonable accommodation. Any examination applicant with a disability who believes they need a reasonable accommodation to participate in the examination should contact the HSPA Exams Department.

Procedure for Requesting an Accommodation

Upon receipt of a request for an accommodation, HSPA's Exams Department will contact the examination applicant, or their authorized personal representative, to discuss and identify the precise limitations resulting from the disability and the possible accommodation that HSPA might provide to help overcome those limitations.

The determination regarding what might be a reasonable accommodation for an applicant claiming to have a disability in order to assure equal and fair access to the examination being administered will be made on a case-by-case basis. HSPA will determine the feasibility of any accommodation, including the specific accommodation requested by the applicant, taking into account all relevant circumstances including, but not limited to: the nature of the claimed disability; the nature and cost of the accommodation; HSPA's overall financial resources and organization; and the accommodation's impact on certification operations and security. Based upon the circumstances of the case, HSPA may provide: appropriate auxiliary aids or services

for an applicant with a sensory, manual, or speaking impairment; and/or modifications to the manner in which the test is administered. HSPA will seek to determine an accommodation that best ensures that the test is administered: to reflect the aptitude, achievement level, or whatever other factor the examination purports to measure, rather than the disability of an applicant; to assure accessibility in the facility where the examination is administered.

HSPA will inform the applicant of its decision pertaining to the accommodation request. If the accommodation request is denied, the applicant may appeal the decision by submitting a written statement to HSPA's Certification Council explaining the reasons for the request. If the request on appeal is denied, that decision is final.

Procedure for Reporting Discrimination

An applicant who has questions regarding this policy or believes that they have been discriminated against based upon a disability should notify HSPA's Certification Council. All such inquiries or complaints will be treated as confidential to the extent permissible by law.

SCHEDULING YOUR EXAM

All HSPA certification exams are administered by the Prometric Testing Company. Once your exam application has been received and processed by HSPA you will be sent the information necessary to schedule an exam date with Prometric, either by phone or online.

When you receive your scheduling email verify all information for accuracy. If any changes need to be made to your name they must be done before scheduling an appointment. Your first and last name(s) as listed on your letter/email must match exactly the name presented on your identification at the testing center. Middle names/initials are not important and will not be checked. For example:

If the Name on Your ID is:	Then it Should Appear as:
▪ John A. Doe	▪ John Doe
▪ Jane B. Doe-Smith	▪ Jane Doe-Smith
▪ John C. Doe Jones	▪ John Doe Jones
▪ Jane Ann D. Doe	▪ Jane Ann Doe
▪ John E. Doe Jr	▪ John Doe Jr
▪ J. Francine Doe	▪ J. Francine Doe

You may schedule an appointment to take the examination at your convenience any day the testing center is open (typically at least 6 days a week) within your 120-day testing eligibility. **Please be aware that no extensions will be granted, regardless of circumstance.**

You must schedule an exam a minimum of 48 hours prior to your desired test time. Seating is available on a first come, first served basis, and it is strongly recommended to schedule all appointments at least 45 days earlier than your eligibility expiration. If you wait to schedule until the end of your eligibility you may face seating limitations and even run the risk of your local center not having any openings, thereby forfeiting your exam fee.

A confirmation letter can be printed or emailed from the Prometric website after you make your appointment. The confirmation letter is for your records and is not required in order to take the examination. Applicants are solely responsible for making and keeping their scheduled examination appointment date. Your exam appointment can be verified via Prometric's website or toll free number.

Rescheduling Your Appointment

An appointment can be rescheduled no later than noon EST, three (3) business days in advance of your test date. (For example: an appointment on Wednesday cannot be rescheduled after 12:00 noon EST on Friday; an appointment on Saturday, Sunday or Monday cannot be rescheduled after 12:00 noon EST on Wednesday.)

If an exam is canceled within this time-frame, the window is forfeit and the applicant would need to reapply and submit the applicable fees.

Appointments can be rescheduled online (available 24 hours a day) or by phone (available Mon-Fri, 9am to 5pm EST.) In order to reschedule an exam you will need your Prometric confirmation number. **Any additional fees are paid directly to Prometric at the time of rescheduling.**

Missed Exams

Candidates who fail to show for a scheduled exam will be considered a No-Show and will forfeit their application and payment. A new application and additional exam fee must then be submitted to HSPA before a new appointment can be scheduled.

Candidates who arrive later than their scheduled exam start time are subject to availability, and may not be able to take their exam. They will then be considered a No-Show and required to reapply and repay for a new testing eligibility.

Candidates who appear at the testing center without valid identification (see Examination Administration, page 20) will not be permitted to test. Likewise, candidates whose first and last names, as listed on their identification, do not match the information they registered with will not be permitted to test. If you are unable to test due to invalid identification you will then be required to reapply and pay the full fee for another examination period.

EXAM POLICIES & PROCEDURES

Reapplying for Examination

If for any reason you need to retake an exam you may do so by submitting a retake application (available at myHSPA.org/certification and sent with your exam results) and full exam fee. For more information please see the Retesting & Maximum Number of Exam Attempts section on page 23.

EXAMINATION ADMINISTRATION

All HSPA certification exams are administered exclusively through Prometric Testing, the global leader in technology enabled testing and assessment services for information technology certification, academic admissions, and professional licensure and certifications. Prometric has a global network of site-based testing facilities, giving convenient access, as well as a wide selection of times and dates for testing, to test takers anywhere in the world. With more than 20 years of experience, Prometric has unrivaled reach and industry experience. Each year, Prometric delivers an average of 10 million exams for more than 400 organizations around the world. Of those more than 65 of the world's leading healthcare organizations trust Prometric to provide secure, reliable testing and assessment solutions on their behalf. The partnership between HSPA and Prometric offers the only secure, daily examination process within the Sterile Processing field.

For information regarding international testing and a list of international locations please visit www.prometric.com/hspa.

All exams are offered only in English, and no translation services are available. Accommodations are not provided for English as a Second Language (ESL).

What to Bring to the Test Center

When arriving to take your exam, the Prometric representative on site will ask for one form of physical ID showing **each** of your **current photo**, **signature**, and a **valid expiration date**. Any form of ID presented must be current and non-expired, and **exactly** match the first and last name(s) provided on your application and appearing on your scheduling letter. Any typos/misspellings or change of name(s) due to marriage, divorce, or other reasons must be made with HSPA prior to scheduling an exam.

Make sure to bring at least one physical form of identification from the following **List of Acceptable Identification** (all of which must have **each a current photo**, **signature**, and a **valid expiration date**):

- Non-expired Driver's License
- Non-expired State/Federal Government ID Card
- Non-expired Passport
- Non-expired Employee ID Card
- Non-expired Military ID card
- Non-expired Student ID card

All other forms of identification (credit cards, check cashing cards, voter registration cards, social security cards, etc.) are not valid, and if presented will not be accepted. Likewise, the above acceptable identifications will not be accepted if they are expired or do not contain your photo, signature and matching name.

Failure to have the necessary identification on site for scheduled appointments, or if the photo identification shown does not match **exactly** to the records submitted from your original application (or updates made before an exam was scheduled), will prohibit you from sitting for the exam, forfeiting the application and fees. The application process will then have to be repeated for further certification attempts including the submission of another full exam fee.

Please remember, failure to schedule and take an exam within the allotted 120 day window, missing or arriving late for an appointment, or presenting ID that is unacceptable, expired, or does not match your registered name, will all prohibit you from testing and effectively end your exam eligibility period. Your exam fee will be forfeited and the application process must be repeated.

Personal & Prohibited Items

Wear comfortable, layered clothing as test center temperatures may vary. Any clothing or jewelry items allowed to be worn in the test room must remain on your person at all times. Removed clothing or jewelry items must be stored in your locker. If you are noise sensitive, earplugs or noise-blocking headphones may be available at the testing center (ask the test administrator for a pair.)

No personal belongings are allowed into the testing lab. A private locker will be provided for you in which to store your personal effects including, but not limited to: outerwear, hats, food, drinks, purses, wallets, briefcases, notebooks, pagers, cell phones, keys, coins, recording devices, and photographic equipment. You are not permitted to bring anything but your ID and locker key into the testing lab. Calculators will not be necessary, but writing material will be provided to you for any notes you wish to make while testing. All writing material is collected at the end of your exam and may not be removed from the testing center.

While you are welcome to take as many breaks as you wish while testing, the clock will keep running on your exam and you cannot access any cell phones, notes, or study materials, nor leave the testing facility.

EXAM POLICIES & PROCEDURES

Taking the Test

You must arrive for your test a minimum of 30 minutes prior to your scheduled start time. Candidates who arrive later than their scheduled exam start time, for any reason, are subject to availability and may not be able to take the exam, resulting in a No-Show, thereby forfeiting the exam fee. If someone else is transporting you to the testing center please be aware that persons not scheduled to take a test are not permitted to wait in the test center.

You will be given a list of test center rules and regulations and be asked to check all personal belongings in a private locker. You must keep your ID and locker key with you at all times, and nothing else. If you need access to an item stored in your locker during a break, such as food or medicine, you must inform the test proctor before you retrieve the item. You are not allowed to access any prohibited items, such as cell phones, notes, or study materials.

All individuals testing will be required to have their photograph taken at the testing center before they are permitted to test. These photographs will only be used by HSPA for verification purposes. Failure to comply with this mandatory requirement will result in the forfeiture of your exam and any fees paid.

Prior to every entry to the testing lab you will be scanned with a metal detector wand and asked to empty and turn your pockets inside out to confirm that you have no prohibited items. If you refuse, you cannot test. You will be continuously monitored by video, physical walk-throughs, and the observation window during your test. All testing sessions are video and audio recorded.

You may take unscheduled breaks at any time during your exam, but the test clock will continue to run. Repeated or lengthy departures from the test room will be reported by the test center administrator.

Once seated in the testing lab the computer will have a screen asking you to verify that you are the person whose name is listed. Click "Yes" to launch the test, unless you are not the person whose name appears. Clicking "No" will end the exam.

A 15 minute tutorial describing how to take the computer based exam precedes the test and is also available online at myHSPA.org Time spent reviewing the tutorial does not affect the allotted time for the actual examination. When finished with the tutorial click "End" to launch your exam.

All questions are multiple choice and can be marked for review and returned to later. You can move forward and backward through the exam using the "Back" and "Next" buttons. You can select a question to return to later with the "Mark" button and return to marked or unmarked questions at any time during the exam. When you are completely finished you can conclude the exam by selecting "End". Once you have ended the exam it cannot be re-launched, so please be sure you are finished before doing so.

A brief, optional survey follows the exam after which you will receive a pass/fail notification (both on screen and from the test administrator.)

Cancellation of Examinations Due to Bad Weather or Other Emergencies

Sometimes unforeseen circumstances, such as bad weather, electrical failure, or other emergencies, may require a test center to unexpectedly close. Should this happen, Prometric will make every effort to contact you in advance of your appointment. Prometric will try contacting you by e-mail and by telephone, so please make sure that the contact information you provide during the scheduling and registration process is accurate. You may also check for test site closures by calling Prometric.

Should your test center unexpectedly close for any reason, you will be contacted by the Prometric rescheduling department within 48-72 hours to reschedule your appointment.

If a testing center is open for testing and you choose not to appear for your appointment, your fee will be forfeited. You must then reapply for your examination and pay another full examination fee.

Cheating & Misconduct

If a Prometric test proctor suspects or determines that you have engaged in inappropriate conduct during the examination (such as, but not limited to, giving or obtaining unauthorized information or aid; accessing cell phones, notes, or study materials; unauthorized exiting of the testing facility; attempting to test for someone else; removing or attempting to remove note paper from the testing center; abusive or inappropriate behavior towards a test center employee or fellow test taker; etc) your examination session can be terminated and you will be unable to complete your examination. Any and all suspicious behavior will be reported to HSPA and reviewed by the Certification Council.

Candidates are expressly prohibited from recording, copying, reproducing, disclosing, publishing, or transmitting any HSPA examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose. Anyone caught or suspected of violating these guidelines will be reported to HSPA and reviewed by the Certification Council.

The HSPA Certification Council will review all such instances of misconduct, cheating, or alleged cheating. As described in the disciplinary policy, the Certification Council will determine the appropriate recourse, up to and including the invalidation of the results of your examination, the revocation of any certifications which have been granted, and/or your temporary or permanent disqualification from future testing with HSPA.

TESTING INTEGRITY AND NO-TOLERANCE POLICY

HSPA maintains the highest standards of professional integrity. To ensure the validity of our credentials and a fair testing environment for all candidates, we enforce a strict No-Tolerance Policy regarding prohibited materials and electronic devices.

During the examination, candidates are strictly prohibited from utilizing notes or accessing unauthorized materials, and from accessing any electronic devices or phones. This includes checking, holding, or looking at a phone for any reason without permission from the test proctor.

If a test proctor identifies a candidate utilizing notes or accessing a mobile phone during the examination or any unscheduled breaks, the examination will be stopped immediately. The candidate will be escorted from the testing area and the exam will be marked as "Fail". No refunds or credits will be issued. In accordance with our commitment to professional ethics, any individual found in violation of this policy will be permanently barred from seeking certification with HSPA.

EXAMINATION RESULTS

Upon completion of your exam you will be notified at the test center whether you have passed. Upon passing your exam a certification package containing your new certification documents will be mailed to you within two weeks. If you do not pass, an exam result report, along with information on retesting, will be available in your online portal. An email will be sent to you within two (2) business days once it is available. For security purposes, test results cannot be given by email or phone.

Upon becoming certified, and with every annual renewal, you will be issued a certificate for each certification you hold. The certificate(s) will detail the scope and dates of your certification(s), and can be verified online at https://verify.myHSPA.org

Determination of a Passing Score

The CRCST, CIS, CER, and CHL exams each have a total of 150 multiple choice questions. Each examination includes 125 scored (operational) questions and 25 unscored (pretest) questions. The pretest questions cannot be distinguished from those that are scored, so it is important that you answer all questions to the best of your ability. When an exam is scored, candidates are awarded one point for every correct answer and zero points for incorrect answers to produce a raw score. Your pass/fail status is determined by the total number of scored questions you answer correctly. (Pretest questions are analyzed for statistical and psychometric performance prior to their use as operational questions and are not used for scoring purposes.)

The passing points for the CRCST, CIS, CER, and CHL exams were established using a criterion-reference technique. The methodology used to set the minimum passing scores for each exam was the Angoff procedure, supplemented by the Beuk Relative-Absolute Compromise method. This universally accepted psychometric procedure uses content experts to estimate the passing probability of each question on the examination. These estimates and difficulty predictions are analyzed by psychometricians to provide a recommended passing point to HSPA's Certification Council for approval.

CRCST, CIS, CER & CHL Examination Results

After you have finished an exam and completed the survey evaluating your testing experience, you will receive an on-screen Pass/Fail notification for the CRCST, CIS, CER, and CHL examinations. Within 48 hours of completing the test, this notification will also be emailed to the address you provided to the testing company when scheduling your appointment.

If you achieve a passing result, within two weeks HSPA will mail you a certification package containing your certificate and information on maintaining your new certification. If you do not achieve a passing result, HSPA will provide your result report and retake information in your online portal. Result reports include an overview of each of an exam's knowledge domains. These section scores will show your performance as "At or Above", "Below", or "Well Below" in order to indicate your areas of strength and weakness. HSPA does not provide percentage scores.

For more information regarding what areas each of the section scores cover please see the CRCST, CIS, CER, and CHL Content & Composition sections on pages 4-15, and the Exam Content Outlines, available online at myHSPA.org/certification.

EXAM POLICIES & PROCEDURES

Please Note: Section score diagnostic information on a failing result report should be interpreted with caution. The knowledge domain area scores are not used to determine Pass/Fail decision outcomes; they are only provided to offer a general indication regarding your performance in each knowledge domain. The examination is designed to provide a consistent and precise determination of a candidate's overall performance and is not designed to provide complete information regarding a candidate's performance in each knowledge domain.

CCSVP Examination Results

The CCSVP exam has a total of 100 multiple choice questions, all of which are scored (operational.) When an exam is scored, candidates are awarded one point for every correct answer and zero points for incorrect answers to produce a raw score. Your pass/fail status is determined by the total number of scored questions you answer correctly.

After you have finished the CCSVP exam and completed the survey evaluating your testing experience, you will receive an on-screen Pass/Fail notification within 24 hours of completing the test, this notification will also be available in the online portal.

If you achieve a passing result on the CCSVP exam you will receive a passing notification, certificate, and information on maintaining your new certification. If you do not achieve a passing result, HSPA will provide your result report and retake information in your online portal.

For more information regarding what areas the CCSVP exam covers, please see the CCSVP Content & Composition section on page 14.

Duplicate Examination Result Reports

Current certificants may request a duplicate Examination Result Report within 7 years of their original test date. Non-certified or lapsed certificants may request a duplicate report within 3 years of their original test date.

Re-Testing

An applicant who fails any HSPA exam must wait a minimum of 6 weeks before being allowed to retest. The applicant may submit a retake application as soon after testing as they wish, but their eligibility will begin 6 weeks after their last exam date.

The rationale for this waiting period is to ensure that there are a sufficient number of test forms available on an annual basis so that candidates will not be exposed to any given form more than twice before it is retired. HSPA updates examination forms annually.

When you are ready to test again simply submit the retake application provided with your exam score report, along with the $140 exam fee.

Examination Irregularities

If you believe one or more items on the test to be incorrect or in some way invalid, a written/electronic appeal must be submitted within 30 days of taking the examination. You must provide as much detail as you remember about the item(s) in question and your reason for challenging their accuracy.

All item appeals will be reviewed by the HSPA Certification Council. A thorough review of the item(s) in question will be conducted and a written synopsis of the board's findings will be issued. If one or more items are found to be in any way inaccurate they will be corrected or replaced on the certification exam and your score will be adjusted accordingly.

Verification of Computer Examination Results

If you do not achieve a passing score on your exam you may request that your test be re-graded to verify the reported results. However, you should note that every Prometric record is scored twice before releasing the results. Therefore, the likelihood of misscoring is remote. Requests must be made within 30 days of taking the examination and are subject to a processing fee, payable directly to the Prometric testing company.

Appeals of Examination Results

Candidates who fail the exam may file an appeal of exam results based on: examination procedures that fail to comply with the Certification Council's established policies or alleged testing conditions severe enough to cause a major and significant disruption of the examination process.

Appeals must be made in writing within 30 days of the date on the individual's score results. Appeals that are not resolved by the Director of Certification to the candidate's satisfaction will be forward to the Certification Council for review along with any other relevant information. Written notice of the final decision will be sent to the applicant within 30 days of the review. The decision of the Certification Council will be final.

Release of Scores to Program Officials

HSPA will only release exam results directly to you, in your online portal. An email notice will be sent to your primary email on file once the report is available. Pass/Fail scores are not available orally or by email. Exam scheduling information and pass/fail results will not be provided to 3rd parties without your prior express written consent. Upon request

EXAM POLICIES & PROCEDURES

HSPA will verify an individual's current certification status (including their certification effective and expiration dates) to any inquiring party, but will not release further details of your examination(s), including exam scores or the number of exam attempts, without your consent. For more information please see HSPA's Confidentiality Policy on page 30.

MAINTAINING CERTIFICATION

Certification maintenance is required for all HSPA certification holders in order to promote ongoing learning and education. Thanks to frequent advances in medicine and instrumentation, the Sterile Processing profession, like most medical fields, is rapidly evolving. As such all HSPA certifications are time-limited to one year, during which the certification holder must show they have pursued continuing education and development.

To remain valid, each certification must be maintained through the certification renewal process of submitting Continuing Education (CE) credits and applicable renewal processing fees. Certification renewals must be received no later than the last day of the anniversary month of your CRCST certification. Any additionally held certifications will also renew that same month (and will require additional CE credits, but no additional fees.)

Recertification Requirements

In addition to an annual $50 renewal fee, all certified individuals are responsible for submitting the following in order to renew each of their certifications annually:

CRCST recertification requires 12 CE credits per year; credits must focus on information and advancements relevant to the SP field and be of a technical nature.

CIS recertification requires current CRCST status, plus 6 additional CE credits per year; credits must focus on information and advancements relevant to instrumentation and be of a technical nature.

CHL recertification requires current CRCST status, plus 6 additional CE credits per year; credits must focus on information and advancements relevant to management or supervisory topics.

CER recertification requires 6 CE credits per year; credits must focus on information and advancements relevant to endoscopes and be of a technical nature.

CCSVP recertification requires 6 CE credits per year; credits must focus on information and advancements relevant to the CS field and be of a technical nature.

FCS recertification requires ongoing CRCST recertification.

ACE* recertification requires ongoing CRCST recertification, and attendance at HSPA's annual Educator's Update at least once every two years.

CHMMC* recertification requires 6 CE credits per year; credits must focus on information and advancements relevant to materials management and be of a technical nature.

*ACE and CHMMC certifications are no longer offered by HSPA, but can be maintained by anyone possessing the credentials, as long as their recertification requirements are met annually.

Please Note: All CE credits must have occurred within the year prior to your renewal date and be dated after your most recent renewal/certification date. Renewals cannot be processed until all required credits and fees have been received.

Certificants who have submitted a completed renewal application and who are notified that they do not meet the recertification requirements may appeal this decision by sending a written notice of the appeal to the Certification Council within 30 days of the date of the adverse decision. Any appeals that cannot be resolved to the certificant's satisfaction will be forwarded by the Director of Certification to the Certification Council for review along with any relevant information from the review of the renewal application. Written notice of the final decision will be sent to the certificant within 30 days of the review. The decision of the Certification Council will be final.

Types of Continuing Education Accepted

There are several ways of achieving Continuing Education (CE) credit and you may use any combination of hours accumulated. The following are the four categories of CE available, and further detailed information on each category can be found on the CE Submission Form online at myHSPA.org/certification.

CE credit is to be accrued in hour increments: 1 hour equals 1 CE credit, ½ hour equals ½ CE credit, and ¼ hour equals ¼ CE credit.

1. HSPA Educational Offerings

a. Online lesson plans containing a reading and short quiz: CE amounts vary (automatically applied to your account upon passing)
b. Online webinars containing a video and short survey: CE amounts vary (automatically applied to your account upon passing; some exceptions apply)
c. Online podcasts containing an audio file and short quiz: CE amounts vary (automatically applied to your account upon passing)

d. Annual Conference & Expo: CE amounts vary (automatically applied to your account upon attending)
e. Local Chapter Events: CE amounts vary (you must submit a valid certificate of completion) Additional rates may apply. Please check MYHSPA.org for further information.

2. In-Service or Staff Meetings

a. Submission of any in-services or staff meetings must be provided on either hospital letterhead or using the enclosed In-Service Submission Form.
b. All topics must be directly related to Sterile Processing job performance.
c. Any education worth 3 or more credits requires a certificate of completion, or a list of the topics covered.

3. Industry Professional Education

a. Vendors and other organizations may offer pre-approved educational opportunities either online or in-person.
b. A list of opportunities can be found at https://myhspa.org/certification/ce-providers-professional-resources/
c. Please submit a score sheet or certificate of completion from the provider which includes your name, the date of completion, and the CE value achieved.
d. If submitting HSPA Lesson Plans graded by your supervisor, please include a copy of the quiz, your full name, your supervisor's full name, title, and signature, and your score. These are worth 1 CE credit each.

4. Meetings, Conferences or Seminars

a. Must be through a recognized professional organization and be pre-approved for credit by HSPA.
b. Please submit a certificate of completion from the provider which includes the event name, your name, the date of completion, and the CE value achieved.

5. Technical, Community, or Secondary College Courses

a. Course must directly relate to knowledge that can be applied to Sterile Processing job performance.
b. Successful completion of a course is worth 6 CE credits.
c. Please submit a copy of the course description from the institution's catalog or a copy of the course syllabus or learning objectives. A copy of your final grade transcripts must be included and contain the name and location of the school, the topic studied, dates attended, length of course, and proof of passing the course with a C or better.

Revocation of Certification

If all required CE documents and fees are not received by your certification expiration date, your certification(s) will be suspended and you will be considered non-certified. HSPA allows for a 6 week grace period during which you may submit your past-due CE credits and fees. During this suspension period you are not considered certified and cannot use the title of CRCST, CER, CIS, CHL, CCSVP, or any other designation you may normally hold with HSPA.

If all required past-due CE credits and certification fees are received within the 6 week grace period your certification(s) will be reinstated. If you fail to submit all necessary renewal fees and credits during the 6 week grace period you will no longer be able to renew. No further extensions will be available. You would then be required to retake any and all certification exams in order to re-obtain your certification(s).

Falsified & Misleading Renewal Documentation

All information provided by and about you in regard to your certification maintenance must be accurate and correct. If any information provided in relation to your certification renewal or any other document relating to your certification, is determined to be false or purposefully misleading HSPA can reject your recertification and disqualify you from future certification. The HSPA Certification Council will review all such instances and determine the appropriate recourse, including the revocation of any certifications which have been granted and the denial of recertification.

CERTIFICATION POLICIES & PROCEDURES

CODE OF CONDUCT

The HSPA Certification Council supports appropriate, professional standards designed to serve the central service technicians, their employers, and the public. First and foremost, certificants give priority to providing central services in a manner that promotes safety, reflects positively on the profession, and is consistent with accepted moral, ethical, and legal standards. Certificants have the obligation to:

Section 1: Adherence to HSPA Policies & Requirements

1. Adhere to all laws, regulations, policies, and ethical standards that apply to the practice of providing sterile processing and related activities.
2. Follow all certification program policies, procedures, requirements and rules. This includes the obligation to be aware of and understand these policies and requirements.
3. Comply with the relevant provisions of each certification.
4. Provide accurate and complete information to HSPA concerning certification and recertification.
5. Make claims regarding certification only with respect to the scope for which the certification has been granted.
6. Not to use the certification in such a manner as to bring HSPA into disrepute, and not to make any statement regarding the certification which HSPA considers misleading or unauthorized.
7. Discontinue the use of all claims to certification that contain any reference to HSPA or the certification(s) upon suspension or withdrawal of certification.
8. Not to use the certificate or credentials in a misleading manner; and to properly use the certification titles, marks, and logos.
9. Keep confidential all HSPA examination information; including preventing unauthorized disclosures of exam information.
10. Cooperate with HSPA and the Certification Council regarding matters related to the Code of Conduct and complaint and/or disciplinary investigations.
11. Report violations of the Code of Conduct by HSPA certificants to the Certification Council.

Section 2: Professional Performance

1. Maintain high standards of integrity and conduct, and accept responsibility for their actions.
2. Be accountable and responsible for their actions and behaviors.
3. Foster excellence in Sterile Processing by continually seeking to enhance their professional capabilities through continuing education and regular on-the-job training.
4. Maintain the confidentiality of private and sensitive information, unless there is mandate to report or other legal obligation to disclose the information.
5. Act professionally, and practice with integrity and honesty.
6. Strive to fairly and objectively represent the principals of SP and encourage others to act in the same professional manner consistent with certification standards and responsibilities.

Use of Certification Credentials

After receiving notification of CRCST, Provisional CRCST, CIS, CER, CHL, CCSVP or FCS designation, the credential may be used only as long as certification remains valid and in good standing. Individuals may not use any of the above credentials (or retired credentials such as the CHMMC and ACE) until they have received specific written notification that they have successfully completed all requirements, including passing the relevant exam. Certificants must comply with all recertification requirements to maintain use of the credential(s).

The use and/or display of the CRCST (or Certified Registered Central Service Technician), Provisional CRCST (or Provisionally Certified Registered Central Service Technician), CIS (or Certified Instrument Specialist), CER (or Certified Endoscope Reprocessor), CHL (or Certified Healthcare Leader), CCSVP (or Certified Central Service Vender Partner), FCS (Fellow), CHMMC (Concepts in Healthcare Materiel Management Certificant), or ACE (Approved Certified Educator) acronyms, except as permitted by this policy, is prohibited. Individuals who fail to maintain certification / recertify or whose certification is suspended or revoked must immediately discontinue use of the relevant CRCST, Provisional CRCST, CIS, CER, CHL, CCSVP, FCS, CHMMC, or ACE certification mark(s) and are prohibited from stating or implying that they hold the certification(s).

Acceptable Use

Individuals who have earned the CRCST credential may identify themselves as a "Certified Registered Central Service Technician" or "CRCST". Individuals who have earned the Provisional CRCST credential may identify themselves as a "Provisionally Certified Registered Central Service Technician" or "Provisional CRCST". Individuals who have earned the CIS credential may identify themselves as a "Certified Instrument Specialist" or "CIS". Individuals who have earned the CER credential may identify themselves as a "Certified Endoscope Reprocessor" or "CER". Individuals who have earned the CHL credential may identify themselves as a "Certified Healthcare Leader" or "CHL". Individuals who have earned the CCSVP credential may identify themselves as a "Certified Central Service Vender Partner" or "CCSVP".

CERTIFICATION POLICIES & PROCEDURES

Individuals who have earned the FCS credential may identify themselves as a "Fellow" or "FCS". Individuals who have earned the CHMMC credential may identify themselves as a "Concepts in Healthcare Materiel Management Certificant" or "CHMMC". Individuals who have earned the ACE credential may identify themselves as an "Approved Certified Educator" or "ACE". These names and acronyms may only be used in connection with a certified individual and not with a facility, department, or other group.

For individuals who hold multiple certifications with HSPA, the following order of display is recommended: CRCST, CCSVP, CIS, CER, CHL, CHMMC, ACE, FCS.

These names and acronyms may be used only as long as the relevant certification is valid and in good standing. Certification is a non-transferable, revocable, limited, non-exclusive license to use the certification designation and is subject to compliance with the policies and procedures of the Certification Council.

Certified individuals may not make misleading, deceptive, or confusing statements regarding their certification status. Certificants may not suggest that they have expertise outside of the scope of their professional licenses, credentials, and training.

Certificate
Each certificant will receive a certificate specific to each certification. Each certificate will include, at a minimum, the following information:

- Name of the certified individual
- Unique identification number
- Name and Seal of HSPA
- Signatures of the HSPA President and Director of Certification
- Reference to the scheme, scope and limitations of the certification
- Effective/Issue date
- Expiration date
- Disclaimer stating that HSPA retains sole ownership, and that the certificate is a copy verifiable online at https://verify.myhspa.org

Individuals who renew their certification will receive access to a digital copy of their new certificate, which is printable as a PDF document.

The care and issuing of uniquely numbered certificates shall be the responsibility of the Director of Certification .

Security
Certificates include the HSPA certification seal, two signatures, a unique ID number, and are verifiable online to prevent fraud, forgery, and counterfeiting.

Ownership
HSPA retains sole ownership of all certificates.

Complaints & Investigations
Incidents of alleged misuse of the CRCST, Provisional CRCST, CIS, CER, CHL, CCSVP, FCS, CHMMC, or ACE names and/or acronyms by a certificant, candidate, or other individual will be investigated by the Director of Certification and referred to the Certification Council Chair for action under the Disciplinary Policy as required. Individuals who are found to be in violation of this policy may be subject to disciplinary action under the Disciplinary Policy.

Certification Verification

The Director of Certification maintains a database of all active applicants and certificants.

The names of certified individuals and their certification status are not considered confidential and will be published by HSPA in the online verification system. The HSPA headquarters office will also verify certification status upon request – information released will include the certificant's name, certification effective and expiration dates, certification type, and certification status (certified or not certified.)

An up-to-date database of all certificants is maintained under the oversight of the Director of Certification. The online verification system will be promptly updated to reflect individuals whose certification has expired or has been suspended or revoked.

HSPA will not release further details of your certification(s), such as pass/fail results or the number of exam attempts, without your prior written consent. In order to verify your certification through HSPA, online or in writing, the requesting party must have your full name and HSPA ID number. HSPA will not release your ID number without your consent; employers or other prospective parties would need to obtain that information directly from you.

Upon becoming certified, and with every annual renewal, you will be issued a certificate for each certification you hold. The certificate(s) will detail the scope and dates of your certification(s) and can be verified online at https://verify.myhspa.org

Complaints & Disciplinary Actions

In order to maintain and enhance the credibility of the certification program the Certification Council has adopted the following procedures to allow individuals to bring complaints concerning the conduct of individuals who are certificants or candidates for certification of the Certification Council.

In the event an individual candidate or certificant violates the Code of Conduct, certification rules, or certification program policies the Certification Council may reprimand or suspend the individual or may revoke certification.

The grounds for sanctions under these procedures may include, but are not necessarily limited to:

1. Violation of the Code of Conduct.
2. Violation of established certification policies, rules and requirements.
3. Conviction of a felony or other crime of moral turpitude under federal or state law in a matter related to the practice of, or qualifications for, sterile processing.
4. Gross negligence, willful misconduct, or other unethical conduct in the performance of services for which the individual has achieved certification from HSPA.
5. Fraud or misrepresentation in an initial application or renewal application for certification.
6. Obtaining, or attempting to obtain, certification or recertification through false or misleading statement, fraud, or deceit including but not limited to an application or renewal application for certification.
7. Misrepresentation or falsification of material information in connection with an application, credentials, certificates, continuing education documents, or any other document associated with obtaining or maintaining certification status.
8. Unauthorized possession or misuse of HSPA credentials.

Information regarding the complaint process will be available to the public without request via the HSPA web site and/or other published documents. A complete copy of this policy will be published.

Actions taken under this policy do not constitute enforcement of the law, although referral to appropriate federal, state, or local government agencies may be made about the conduct of the candidate or certificant in appropriate situations. Individuals initially bringing complaints are not entitled to any relief or damages by virtue of this process, although they will receive notice of the actions taken.

Complaints

Complaints may be submitted by any individual or entity. Complaints should be reported to the Director of Certification in writing and should include the name of the person submitting the complaint, the name of the person the complaint is regarding along with other relevant identifying information, a detailed description of factual allegations supporting the charges, and any relevant supporting documentation. Information submitted during the complaint and investigation process is considered confidential and will be handled in accordance with the Certification Council's confidentiality policy. Inquiries or submissions other than complaints may be reviewed and handled by the Certification Council or its staff members at its discretion.

Upon receipt and preliminary review of a complaint involving a certificant the Director of Certification in consultation with the Certification Council Chair may conclude, in their sole discretion, that the submission:

1. contains unreliable or insufficient information, or
2. is patently frivolous or inconsequential.

In such cases, the Director of Certification and Certification Council Chair may determine that the submission does not constitute a valid and actionable complaint that would justify bringing it before the Certification Council for investigation and a determination of whether there has been a violation of substantive requirements of the certification process. If so, the submission is disposed of by notice from the Director of Certification and Chair to its submitter, if the submitter is identified. All such preliminary dispositions by the Chair are reported to the Certification Council at its next meeting.

This preliminary review to determine if the complaint is valid and actionable will be conducted within 30 calendar days of receipt of the complaint.

If a submission is deemed by the Chair to be a valid and actionable complaint, the Chair shall see that written notice is provided to the candidate/certificant whose conduct has been called into question. The candidate/certificant whose conduct is at issue shall also be given the opportunity to respond to the complaint. The Chair also shall ensure that the individual submitting the complaint receives notice that the complaint is being reviewed by the Certification Council.

Complaint Review

For each compliant that the Chair concludes is a valid and actionable complaint, the Certification Council authorizes an investigation into its specific facts or circumstances to whatever extent is necessary in order to clarify, expand, or corroborate the information provided by the submitter.

The Chair refers the complaint to the Review Committee to investigate and make an appropriate determination with respect to each such valid and actionable complaint. The Review Committee initially determines whether it is appropriate to review the complaint under these Procedures or whether the matter should be referred to another entity engaged in the administration of law. The timeline for responses and for providing any additional information shall be established by the Review Committee. The review and investigation will be completed in an appropriate amount of time, not to exceed 6 months, unless there are extenuating circumstances that require an extended time period. The Review Committee may be assisted in the conduct of its investigation by HSPA staff or legal counsel. The Certification Council Chair exercises general supervision over all investigations.

Both the individual submitting the complaint and the candidate/certificant who is the subject of the investigation (or his or her employer) may be contacted for additional information with respect to the complaint. The Review Committee, or the Certification Council on its behalf, may at its discretion contact such other individuals who may have knowledge of the facts and circumstances surrounding the complaint.

All investigations and deliberations of the Review Committee and the Certification Council are conducted in confidence, with all written communications sealed and marked "Personal and Confidential," and they are conducted objectively, without any indication of prejudgment. An investigation may be directed toward any aspect of a complaint which is relevant or potentially relevant. Formal hearings are not held and the parties are not expected to be represented by counsel, although the Review Committee and Certification Council may consult their own counsel.

Determination of Violation

Upon completion of an investigation, the Review Committee recommends whether the Certification Council should make a determination that there has been a violation of HSPA Certification Council policies and rules. When the Review Committee recommends that the Certification Council find a violation, the Review Committee also recommends imposition of an appropriate sanction. If the Review Committee so recommends, a proposed determination with a proposed sanction is prepared under the supervision of the Chair and is presented by a representative of the Review Committee to the Certification Council along with the record of the Review Committee's investigation.

If the Review Committee recommends against a determination that a violation has occurred, the complaint is dismissed with notice to the candidate/certificant, the candidate/certificant's employer, the individual or entity who submitted the complaint, and the HSPA Board of Directors.

The Certification Council reviews the recommendation of the Review Committee based upon the record of the investigation. The Certification Council may accept, reject, or modify the Review Committee's recommendation, either with respect to the determination of a violation or the recommended sanction to be imposed. If the Certification Council makes a determination that a violation has occurred, this determination and the imposition of a sanction are promulgated by written notice to the candidate/certificant, and to the individual submitting the complaint, if the submitter agrees in advance and in writing to maintain in confidence whatever portion of the information is not made public by the Certification Council.

In certain circumstances, the Certification Council may consider a recommendation from the Review Committee that the candidate/certificant who has violated the certification program policies or rules should be offered an opportunity to submit a written assurance that the conduct in question has been terminated and will not recur. The decision of the Review Committee to make such a recommendation and of the Certification Council to accept it are within their respective discretionary powers. If such an offer is extended, the candidate/certificant at issue must submit the required written assurance within thirty days of receipt of the offer, and the assurance must be submitted in terms that are acceptable to the Certification Council. If the Certification Council accepts the assurance, notice is given to the candidate/certificant's employer and to the submitter of the complaint, if the submitter agrees in advance and in writing to maintain the information in confidence.

Sanctions

Any of the following sanctions may be imposed by the Certification Council upon a candidate/certificant whom the Certification Council has determined to have violated the policies and rules of its certification program(s), although the sanction applied must reasonably relate to the nature and severity of the violation, focusing on reformation of the conduct of the individual and deterrence of similar conduct by others:

1. written reprimand to the candidate/certificant;
2. suspension of the certificant for a designated period; or
3. suspension of the candidate's application eligibility for a designated period; or
4. termination of the certificant's certification; or
5. termination of the candidate's application eligibility for a designated period.

For sanctions that include suspension or termination, a summary of the final determination and the sanction with the candidate/certificant's name and date is published by the Certification Council. This information will be published only after any appeal has either been considered or the appeal period has passed.

Reprimand in the form of a written notice from the Chair normally is sent to a candidate/certificant who has received his or her first substantiated complaint. Suspension normally is imposed on a candidate/certificant who has received two substantiated complaints. Termination normally is imposed on a candidate/certificant who has received two substantiated complaints within a two year period, or three or more substantiated complaints. The Certification Council may at its discretion, however, impose any of the sanctions, if warranted, in specific cases.

Certificants who have been terminated shall have their certification revoked and shall not be considered for certification in the future. If certification is revoked, any and all certificates or other materials requested by the Certification Council must be returned promptly to the Certification Council.

Appeal
Within thirty (30) days from receipt of notice of a determination by the Certification Council that a candidate/certificant violated the certification program policies and/or rules, the affected candidate/certificant may submit to the Certification Council Chair in writing a request for an appeal. Any candidate/certificant receiving such adverse decision will receive a copy of this policy along with notification of the appeal period.

Upon receipt of a request for appeal, the Chair of the Certification Council establishes an appellate body consisting of at least three, but not more than five, individuals. This Appeal Committee may review one or more appeals, upon request of the Chair. No current members of the Review Committee or the Certification Council may serve on the Appeal Committee; further, no one with any personal involvement or conflict of interest may serve on the Appeal Committee.

The Appeal Committee may only review whether the determination by the Certification Council of a violation of the certification program policies and/or rules was inappropriate because of:

1. material errors of fact, or
2. failure of the Review Committee or the Certification Council to conform to published criteria, policies, or procedures.

Only facts and conditions up to and including the time of the Certification Council's determination as represented by facts known to the Certification Council are considered during an appeal. The appeal shall not include a hearing or any similar trial-type proceeding. Legal counsel is not expected to participate in the appeal process, unless requested by the appellant and approved by the Certification Council and the Appeal Committee. The Certification Council and Appeal Committee may consult legal counsel.

The Appeal Committee conducts and completes the appeal within ninety days after receipt of the request for an appeal. Written appellate submissions and any reply submissions may be made by authorized representatives of the member and of the Certification Council. Submissions are made according to whatever schedule is reasonably established by the Appeal Committee. The decision of the Appeal Committee either affirms or overrules the determination of the Certification Council, but does not address a sanction imposed by the Certification Council. The Appeal Committee will confirm receipt of all communications including the initial appeal and will provide notice to the appellant of the end of the appealshandling process.

The Appeal Committee decision is binding upon the Certification Council, the candidate/certificant who is subject to the termination, and all other persons.

Resignation
If a certificant who is the subject of a complaint voluntarily surrenders his or her certification at any time during the pendency of a complaint under these Procedures, the complaint is dismissed without any further action by the Review Committee, the Certification Council, or an Appeal Committee established after an appeal. The entire record is sealed and the individual may not reapply for HSPA certification. However, the Certification Council may authorize the Chair to communicate the fact and date of resignation, and the fact and general nature of the complaint which was pending at the time of the resignation, to or at the request of a government entity engaged in the administration of law. Similarly, in the event of such resignation, the certificant's employer and the person or entity who submitted the complaint are notified of the fact and date of resignation and that Certification Council has dismissed the complaint as a result.

Confidentiality

The Certification Council is committed to protecting confidential and/or proprietary information related to applicants, candidates, certificants and examination development, maintenance, and administration process. The confidentiality policy applies to all HSPA board members, employees, Certification Council members, committee members, contractors, and other individuals who are permitted access to confidential information.

Information about applicants/candidates/certificants and their examination results are considered confidential and may not be disclosed, divulged, or made accessible. Exam

scores and/or other confidential information will be released only to the individual candidate unless a signed release is provided or as required by law. Personal information submitted by applicants/candidates/certificants with an application or recertification application is considered confidential. Personal information retained within the candidate/certificant database will be kept confidential.

Information related to the development, administration and maintenance of the examination is considered confidential.

Confidential materials include, but are not limited to: an individual's application status, personal applicant/candidate/certificant information, exam development documentation (including job analysis reports, technical reports, and cut score studies), exam items and answers, exam forms, and individual exam scores.

HSPA and the Certification Council will not disclose confidential applicant/candidate/certificant information unless authorized in writing by the individual or as required by law. 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.

Verification of Certification
The names of certified individuals and their certification status are not considered confidential and will be published by HSPA (see the Certification Verification Policy, page 29).

Aggregate Certification
Data Aggregate exam statistics (including the number of exam candidates, pass/fail rates, and total number of certificants) will be publicly available. Aggregate exam statistics, studies and reports concerning candidates/certificants will contain no information identifiable with any candidate, unless authorized in writing by the candidate.

Confidentiality Agreements
Applicants for certification will be required to read and acknowledge a confidentiality statement as part of the application process.

Access to Confidential Information
Access to confidential information will be limited to those individuals who require access in order to perform necessary work related to the certification program. Access will be granted in compliance with the provisions of the security policy. HSPA Board members, employees, Certification Council members, committee members, contractors, and other individuals will use confidential information solely for the purpose of performing services for HSPA.

This policy is not intended to prevent disclosure where disclosure is required by law.

Statement of Nondiscrimination

HSPA and the Certification Council adhere to principles of fairness and due process, and endorse the principles of equal opportunity.

HSPA and the Certification Council prohibit discrimination against applicants, candidates, certificants, employees and applicants for employment, and volunteers on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, political beliefs, marital status, familial or parental status, sexual orientation, protected genetic information, or any other status protected by law.

Certification Complaints

Complaints about the certification process may be submitted by an individual or entity. Complaints should be reported to the Director of Certification in writing and include the name of the person submitting the complaint and a detailed description of the complaint.

A preliminary review to determine if the complaint is valid and actionable will be conducted by the Director of Certification in consultation with the Executive Director and/or Certification Council Chair within 30 calendar days of receipt of the complaint. If the complaint is deemed valid and actionable the Director of Certification will consult with the Certification Council to address and resolve the issue.

TEST DEVELOPMENT

TEST DEVELOPMENT

To establish the framework for the CRCST, CER, CIS, and CHL exams, several focused workshops – each addressing a different aspect of the test development process – are held. The first workshop, a Job Task Analysis (JTA), involves SP Subject Matter Experts (SMEs) defining the tasks, knowledge, and skill sets most pertinent to each certification. The results of the JTA are used to create and/or validate the content of the exams and ensure that they accurately reflect changes in the profession. A key component of the Job Analysis is the release of a profession-wide survey completed by hundreds of SP professionals. Survey respondents' participation helps to determine the knowledge and skill sets deemed most vital to the profession. The SMEs use the survey findings to finalize the exam blueprints.

Following each JTA, a series of additional workshops are held: a Test Specifications meeting, which documents the relative importance of each exam's content areas and how many items should be written to each objective; Item Writing and Review, which involve the writing of new exam questions, and the review of the newly-created questions and existing exam questions; Form Review, which involves a final review of the test forms and how the questions on the forms work together; and finally, Item Analysis, which involves a statistical and analytical review of exam items to help improve the quality and accuracy of the exams.

In between the Form Review and Item Analysis, a pilot exam is offered for each certification. The performance of pilot exam participants is measured against a predetermined standard. For the CRCST, CER, CIS and CHL standard setting study the Angoff standard setting method, supplemented by the Beuk Relative-Absolute Compromise method, is implemented during a two day standard setting meeting facilitated by the Prometric testing company. These methods use a SMEs panel to first reach a consensus on the acceptable level of knowledge and skill that is expected for passing candidates. SMEs then review each examination item to determine the level of knowledge or skill that is expected. SMEs ratings and difficulty predictions are analyzed by Prometric to provide a recommended cut score. Lastly, the recommended cut-score is reviewed and approved by the HSPA Certification Council.

The exam Content Outlines, as created through the Job Task Analyses, detail the specific areas of knowledge necessary to perform the duties associated with each certification. The Content Outlines also detail the percentage weight for each of the exam sections. The higher the percentage weight, the more heavily the questions in that area will affect your overall test score.

CRCST

- HSPA's *SP Technical Manual*, 9th Ed (2023)
- ANSI/AAMI's *ST79* (2017)
- AORN's *Guidelines for Perioperative Practice* (2023)

CIS

- HSPA's *Instrument Resource Manual*, 2nd Ed (2024)
- HSPA's *SP Technical Manual, 9th Ed* (2023)
- Rick Schultz's *The World of Surgical Instruments* (2022)
- ANSI/ AAMI's *ST79* (2017)

CER

- HSPA's *Endoscope Reprocessing Manual*, 2nd Ed (2022)
- ANSI/AAMI's *ST91* (2022)
- CDC's *Essential Elements of a Reprocessing Program for Flexible Endoscopes* (2017)
- SGNA's *Standard of Infection Prevention in the*
- *Gastroenterology Setting* (2024), *Guidelines for Use of High-Level Disinfectants & Sterilants in the Gastroenterology Setting* (2017)

CHL

- HSPA's *SP Leadership Manual*, 4th Ed (2024)
- HSPA's *SP Technical Manual*, 9th Ed (2023)
- ANSI/AAMI's *ST79* (2017)
- AORN's *Guidelines for Perioperative Practice* (2023)

Exam Content Outlines are available online at myHSPA.org/certification

HSPA's mission is to promote patient safety worldwide by raising the level of expertise and recognition for those in the Sterile Processing profession.

COMMUNICATION | EDUCATION | PROFESSIONALISM
LEADERSHIP | ADVOCACY | EXCELLENCE

HSPA | HEALTHCARE STERILE PROCESSING ASSOCIATION

55 West Wacker Drive, Suite 501
Chicago, Illinois 60601 | 312.440.0078
www.myHSPA.org

Information Release Form
(to be submitted with exam app)

Revised January 2023

HSPA

Per HSPA's policies of the release of exam information to program officials, HSPA will only release exam results (pass/fail) directly to you, in written format, at the preferred address provided on your exam application. Pass/fail scores are not available orally or electronically, and can take up to two weeks to be delivered. Exam scheduling information and pass/fail notifications will not be provided to 3rd parties without your prior express written consent. Upon the applicant's 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 further details of your examination(s), including pass/fail scores or the number of exam attempts, without your consent.

If you wish to make your certification exam information, including your account ID number, scheduling information, test dates, test results, and certification status, available to a 3rd party, such as your college, university, training center, or hospital/facility, the following authorization statement must be submitted to HSPA at the time you apply to test.

To authorize a release of certification exam information, submit this request (page 2) along with your exam application. 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**

SUBMISSION CHECKLIST

☐ **Section 1: Examination Type**
I have selected the exam I am applying for.

☐ **Section 2: Applicant Information**
I have completed the applicant information and signed the authorization request.

☐ **Section 3: Exam Application**
I have completed the exam application and will submit this form along with the application for processing.

Please note that incomplete forms may cause delays in processing.

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.

Information Release Form
(to be submitted with exam app)

Revised January 2023

HSPA

SECTION 1: **EXAMINATION TYPE (PLEASE CHECK ONE)**

Let us know which exam you are applying for.

☐ CRCST: Certified Registered Central Service Technician

☐ CIS: Certified Instrument Specialist

☐ CER: Certified Endoscope Reprocessor

☐ CHL: Certified Healthcare Leader

SECTION 2: **APPLICANT AUTHORIZATION**

This section to be completed by the applicant.

Applicant First Name: _____

Applicant Last Name(s): _____

Authorization

By signing below, I authorize HSPA to release my exam scheduling information, HSPA account ID number, and certification exam results to the _____
Name of Hospital or Facility

_____

My information will be made electronically available to _____
Name of Individual

at _____ (or whoever may hold that same position in the future). Only exam-related information, such as my account ID number, exam scheduling details, test dates, test results, and certification status, will be available to the above named institution upon request. No personal or other confidential information will be released.
Work Email Address

Applicant's Signature: _____

Date: _____

Certified Registered Central Service Technician (CRCST) Exam

Revised January 2025

HSPA

CRCST certification is designed to recognize entry level and existing technicians who have demonstrated the experience, knowledge, and skills necessary to provide competent services as a sterile processing technician. CRCST's are integral members of the healthcare team who are responsible for decontaminating, inspecting, assembling, disassembling, packaging, and sterilizing reusable surgical instruments or devices in a health care facility which are essential for patient safety. While the CRCST program is based on US practice and standards, it is in harmony with international ISO standards and open to all candidates in the US and abroad who meet the eligibility requirements.

To earn CRCST certification, candidates are required to successfully demonstrate skills through the completion of hands-on work experience in a Central Service/Sterile Processing department, as well as the successful completion of an examination developed to measure the understanding of general sterile processing and infection prevention topics. Those certified as a CRCST are required to renew their credentials annually through the 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 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 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 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.

Certified Registered Central Service Technician (CRCST) Exam

HSPA

Revised January 2025

APPLICATION CHECKLIST

- ☐ **I am ready to sit for the CRCST exam within the next 4 months, once my application is approved.**
- ☐ **Section 1: Certification Type** – Select full or provisional.
- ☐ **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. Please complete ONLY if applying for Full Certification.

SECTION 1: CERTIFICATION TYPE

Please let us know if you are applying for Full Certification or Provisional Certification.

☐ **Full Certification:** I have completed the required 400 hours of hands-on experience, as outlined by Section 5 of this application, in a Central Service/Sterile Processing department. **My Manager/Supervisor has completed Section 5 and I am submitting it with my application to test.**

☐ **Provisional Certification:** I will complete the required 400 hours of hands-on experience within 6 months of passing the certification exam. My hours will be accumulated in the categories, as outlined by Section 5 of this application. I understand that if I fail to complete and submit documentation of these hours to HSPA prior to the deadline, my certification will be revoked and I will be required to re-apply for certification.

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

Certified Registered Central Service Technician (CRCST) Exam

Revised January 2025

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

APPLICATION STATEMENT OF UNDERSTANDING

I hereby apply to take the CRCST 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 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 $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 below that you will need a payment link sent by email.

☐ I need a direct payment link sent to the following email address: _____

Certified Registered Central Service Technician (CRCST) Exam

HSPA

Revised January 2025

MUST BE COMPLETED IN FULL BY A MANAGER/SUPERVISOR

SECTION 5: HANDS-ON EXPERIENCE

INSTRUCTIONS FOR THE MANAGER/SUPERVISOR

All information on this page must be completed by the **Manager/Supervisor** who directly oversaw the applicant's work/volunteer experience. To verify the hours, you must be in a position above the applicant at the facility, and provide your work contact information. Personal contact information will not be accepted. Each of the five areas are mandatory for completion, and the hours must be completed in a 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, at each facility). **The applicant cannot complete any part of this form; if they do, the application will be rejected.**

Disclaimer: The 400 hours of hands-on experience required to apply for the CRCST examination must have been earned within the past 5 years. The subcategories listed under each section are examples of possible assignments to obtain the hours, and are meant to be used as a guide – they are not an exclusive list. The total hours in each section should be distributed across several subcategories.

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

_____ INITIAL **Section 1: Decontamination Processes (120 Hours)**
Subcategories: Performance of Daily 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 O.R. and Clean Side Leadership; Sorting of Complex Instrumentation; Interpretation of Manufacturer's IFUs; Selection of Washer Cycles; Traceability of Items and Documentation, as needed; Manual Instrument Cleaning Resource (e.g., visual inspection, borescope); Mechanical Cleaning Compatability (e.g. Washers, Ultrasonic Cleaners)

_____ INITIAL **Section 2: Preparing & Packaging Instruments (120 Hours)**
Subcategories: Identification, Inspection/Testing of Instruments, Inspection/Testing of Containers & Wrapping Material, Assembly, Packaging Techniques (e.g. Pouches, Flat Wraps, Rigid Containers), Labeling

_____ INITIAL **Section 3: Sterilization & Disinfection (120 Hours)**
Subcategories: 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 **Section 4: Storage & Distribution (24 Hours)**
Subcategories: 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 **Section 5: Quality Assurance Processes (16 Hours)**
Subcategories: 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/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 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: _____

Provisional Certification Authentication Form

Revised January 2025

INFORMATION ON YOUR 6 MONTH HSPA PROVISIONAL CERTIFICATION

How does provisional certification work?

Upon passing your CRCST exam you will be granted provisional certification with HSPA for six months. By the end of that time you must have completed 400 hours of hands-on experience in a Sterile Processing department, and submit documentation of that experience to HSPA using the Provisional Certification Authentication form provided on the next page. This experience may be obtained on a paid or volunteer basis in the SP department of a hospital or surgery center. You do not have to wait until you test to begin accumulating your hours, and we strongly encourage you to begin working or volunteering as soon as you are able. Once complete, this form can be returned to HSPA by mail (55 W Wacker Dr, Suite 501, Chicago, IL 60601), fax (1.312.440.9474), or email (certification@myhspa.org). Upon receiving the documentation of your 400 hours you will then be issued full certification.

Please Note: Your experience may be divided among more than one facility, simply have each facility complete a copy of the form and indicate exactly how many hours were done in each area, at each facility. Additionally, if you wish to complete your hands-on experience in a dental, optical, or veterinary clinic (ie any facility other than a hospital or surgery center), the facility must first be approved by HSPA. To receive the necessary paperwork to have a non-traditional facility reviewed, please contact HSPA before you begin accruing your hours.

Where should I look for work or volunteer opportunities?

While HSPA does not have job placement services, or contract with any healthcare facilities, facilities are able to list positions available through the Career Center at myHSPA.org (under the Resources tab.) This is by no means an exhaustive list, and you may also wish to check job posting websites such as monster.com and indeed.com to further research openings in your area. We also suggest reaching out to local hospitals and surgery centers to see who might be hiring or accepting volunteers (HSPA does not participate in the hiring practices of healthcare facilities, so you will need contact potential employers directly.)

Are provisional certification extensions available?

A one-time, 2-month extension is available to those who are currently working or volunteering within a SP department and approaching the end of their 6 month provisional certification period. An extension request must be made prior to the expiration of your provisional status, and must be submitted by your supervisor of the department in which you are completing your hours by completing HSPA's extension request form. Extensions are not available to those who are not currently volunteering or employed within a SP department.

What if I am unable to complete my 400 hours?

If you are not able to complete the 400 hours of hands-on experience prior to the six month deadline (granted after you pass the CRCST exam) your certification will be revoked. You are then welcome to sit for the certification exam again whenever you wish, though please be aware that an additional application and testing fee will be required.

How do I submit my hours?

Please complete the following 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**

Provisional Certification Authentication Form

Revised January 2025

HSPA

TO BE COMPLETED IN FULL BY YOUR MANAGER/SUPERVISOR

INSTRUCTIONS

This section is to be completed by the Manager/Supervisor who directly oversaw the provisional certificant's work/volunteer experience. Providing you are in a position above the applicant, this section can be completed by: Lead Techs, Coordinators, Supervisors, Managers, Directors, Chiefs, Administrators, or Hospital-Based Educators/Trainers. By completing this section you attest that the employee/volunteer listed below has completed the minimum 400 hours of hands-on experience required for this certification and will verify as much if called upon. The certificant **cannot** complete any part of this form.

Hands-On Experience Documentation

(To Be Completed By the Provisional Certificant's Manager/Supervisor) **Please Note:** All information on this form must be completed/initialed, and **no part of the form can be completed by the certificant.**

PLEASE INITIAL EACH OF THE 5 AREAS OF EXPERIENCE COMPLETED BELOW (Typed Initials will Not Be Accepted):

_____ INITIAL **Section 1: Decontamination Processes (120 Hours)**
Subcategories: Performance of Daily 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 O.R. and Clean Side Leadership; Sorting of Complex Instrumentation; Interpretation of Manufacturer's IFUs; Selection of Washer Cycles; Traceability of Items and Documentation, as needed; Manual Instrument Cleaning Resource (e.g., visual inspection, borescope); Mechanical Cleaning Compatability (e.g. Washers, Ultrasonic Cleaners)

_____ INITIAL **Section 2: Preparing & Packaging Instruments (120 Hours)**
Subcategories: Identification, Inspection/Testing of Instruments, Inspection/Testing of Containers & Wrapping Material, Assembly, Packaging Techniques (e.g. Pouches, Flat Wraps, Rigid Containers), Labeling

_____ INITIAL **Section 3: Sterilization & Disinfection (120 Hours)**
Subcategories: 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 **Section 4: Storage & Distribution (24 Hours)**
Subcategories: 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 **Section 5: Quality Assurance Processes (16 Hours)**
Subcategories: 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 Certificant Being Verified: _____ HSPA ID#: _____
Leave blank if unknown

Facility Where Certificant's Experience Was Obtained: _____

Facility Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____

Dates When Certificant's Experience Was Obtained (must have occurred within the past 5 years): ___/___/___ to ___/___/___
Month / Date / Year Month / Date / Year

Is the Certificant a Current Employee of the Facility? ☐ Yes ☐ No

Printed Name of Manager/Supervisor Verifying Experience: _____

Current Position/Title of Manager/Supervisor: _____ Date: _____

Select one: ☐ Educator ☐ Lead Tech ☐ Coordinator ☐ Supervisor ☐ Manager

☐ Director ☐ Chief ☐ Administrator ☐ Other _____

Manager/Supervisor's Work Phone (with extension): (_____) _____
Personal phone numbers cannot be used (such as home or mobile)

Manager/Supervisor's Work Email: _____
Personal email accounts cannot be used (such as gmail, yahoo, hotmail, etc)

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: _____

Certified Instrument Specialist (CIS) Exam

Revised June 2024

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 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. 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 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 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.

Certified Instrument Specialist (CIS) Exam

Revised June 2024

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 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

Certified Instrument Specialist (CIS) Exam

Revised June 2024

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 $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 below that you will need a payment link sent by email.

☐ I need a direct payment link sent to the following email address: _____

Certified Instrument Specialist (CIS) Exam

Revised June 2024

HSPA

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):

_____ INITIAL **1. Instrument Decontamination (92 Hours)**
Disassembly, Manual and Mechanical Cleaning Processes

_____ INITIAL **2. Instrument Assembly (92 Hours)**
Identification, Inspection, Testing, Assembly, Packaging

_____ INITIAL **3. Instrument Information System Management (12 Hours)**
Packaging Back Up Instrument System Maintenance, Form Maintenance, Change Notification Systems, Implant Replenishment, Loaner Instrument Processes

_____ INITIAL **4. Surgery Observation (4 Hours)**
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: _____

Certified Endoscope Reprocessor (CER) Exam

Revised January 2025

HSPA

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 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 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 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.

Certified Endoscope Reprocessor (CER) Exam

Revised January 2025

HSPA

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

Certified Endoscope Reprocessor (CER) Exam

Revised January 2025

HSPA

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 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 $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 below that you will need a payment link sent by email.

☐ I need a direct payment link sent to the following email address: _____

Certified Endoscope Reprocessor (CER) Exam

Revised January 2025

HSPA

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: ☐ 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 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: _____

Certified Healthcare Leader (CHL) Exam

Revised January 2025

CHL certification is designed to recognize individuals who have demonstrated the management and supervisory skills necessary to provide effective leadership in the Sterile Processing department. CHL's are indispensable members of the healthcare team who are responsible for managing the daily operations of the Sterile Processing department including standards and regulation compliance, finance, reporting, staffing, human resource management, and inter- and intra-departmental communications.

To earn CHL certification, candidates are required to demonstrate skills through the successful completion of an examination developed to measure the understanding of general sterile processing, infection prevention, and management topics. Those certified as a CHL 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 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.

Certified Healthcare Leader (CHL) Exam

Revised January 2025

APPLICATION CHECKLIST

- ☐ **I am ready to sit for the CHL 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 in the amount of $140 USD.

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 CHL 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

Certified Healthcare Leader (CHL) Exam

Revised January 2025

SECTION 3: STANDARDS OF CONDUCT, DISCLOSURE AND ATTESTATIONS

APPLICATION STATEMENT OF UNDERSTANDING

I hereby apply to take the CHL 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 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 $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 paying by credit card, please submit this application online at mycertification.myhspa.org

Certified Central Service Vendor Partner (CCSVP) Exam

Revised January 2025

Certified Central Service Vendor Partner (CCSVP) certification is designed to recognize vendors who have demonstrated knowledge of Sterile Processing concepts and processes including the decontamination, inspection, assembly, packaging, and sterilization of reusable surgical instruments.

To earn CCSVP certification, candidates are required to successfully demonstrate knowledge through the completion of an online course, specific Sterile Processing department observations, and successful completion of an examination developed to measure the understanding of general Sterile Processing and Infection Prevention topics. CCSVP 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 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**

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.

Certified Central Service Vendor Partner (CCSVP) Exam

Revised January 2025

APPLICATION CHECKLIST

- ☐ **I am ready to sit for the CCSVP exam within the next 4 months, once my application is approved.**
- ☐ **Section 1: Certification Prerequisites** – The CCSVP 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 and am employed as a vendor by a Sterile Processing-related products or services company, and have completed the HSPA online Central Service Vendor Partner education course.
- ☐ **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 5A: Clinical Observation** – My **Manager/Supervisor** has completed and signed the clinical observation.
- ☐ **Section 5B: Clinical Observation** – My **Manager/Supervisor** has completed and signed the clinical observation.

SECTION 1: CERTIFICATION PREREQUISITES

The CCSVP is a stand-alone exam and does not require you to hold any other credentials. Those who hold a CRCST are not eligible for this exam.

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 (you must be employed as a vendor in order to be eligible for CCSVP certification)

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

Certified Central Service Vendor Partner (CCSVP) Exam

Revised January 2025

SECTION 3: STANDARDS OF CONDUCT, DISCLOSURE AND ATTESTATIONS

APPLICATION STATEMENT OF UNDERSTANDING

I hereby apply to take the CCSVP 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 result directly to me, in written format, at the preferred email address provided herein. My pass/fail result will be provided in my online portal, and an email will be sent to me once it is 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 $140 USD

One attempt at the exam is included in the cost of the CCSVP course. If this is your first time taking the exam, this section should be left blank. 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 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 paying by credit card, please submit this application online at mycertification.myhspa.org

Certified Central Service Vendor Partner (CCSVP) Exam

Revised January 2025

HSPA

TO BE COMPLETED IN FULL BY THE MANAGER/SUPERVISOR OF A SP DEPARTMENT

SECTION 5A: CLINICAL OBSERVATION

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.**

- Two separate clinical observation rounds in two separate SP facilities must be completed.
- 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).
- Manager/Supervisor must provide work contact information. No personal contact information will be accepted.

Printed Name of Applicant: _____

Dates of Experience: from (month/date/year) ___/___/___ to (month/date/year) ___/___/___ *must have occurred within the past 5 years

Name of Facility Where Experience Was Obtained: _____

Facility Address: _____
DESCRIBE

City, State/Province, Zip/Postal Code: _____

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

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

_____ INITIAL **1. Decontamination (5 Hours)**
Manual Cleaning Processes, Mechanical Cleaning Processes, and Disinfection

_____ INITIAL **2. Inspection, Assembly and Packaging (5 Hours)**
Instrument Inspection, Testing and Assembly, and Packaging Methods

_____ INITIAL **3. Sterilization (4 Hours)**
High and Low Temperature Sterilization and Sterility Assurance Systems

_____ INITIAL **4. Sterile Storage and Distribution Systems (2 Hours)**
Sterile Storage, Inventory Management, and Distribution Systems

Printed Name of Manager/Supervisor: _____

Current Position/Title of Manager/Supervisor: _____

Select one: ☐ Educator ☐ Lead Tech ☐ Coordinator ☐ Supervisor ☐ Manager
☐ Director ☐ Chief ☐ Administrator ☐ Other _____

Work Phone (with extension): _____ Work Email: _____

I attest that the applicant listed below has completed the observation component required for the Certified Central Service Vendor Partner (CCSVP) certification. I further understand that I may be called upon to verify this information in further detail.

Signature (must be handwritten): _____ Date: _____

PLEASE REMEMBER: Every line in this section must be completed, and the applicant cannot complete any part of this section, (not even their name or facility information.) Doing so may result in the application being returned, unprocessed.

Certified Central Service Vendor Partner (CCSVP) Exam

Revised January 2025

HSPA

TO BE COMPLETED IN FULL BY THE MANAGER/SUPERVISOR OF A SP DEPARTMENT

SECTION 5B: CLINICAL OBSERVATION

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.**

- Two separate clinical observation rounds in two separate SP facilities must be completed.
- 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).
- Manager/Supervisor must provide work contact information. No personal contact information will be accepted.

Printed Name of Applicant: _____

Dates of Experience: from (month/date/year) ___/___/___ to (month/date/year) ___/___/___ *must have occurred within the past 5 years

Name of Facility Where Experience Was Obtained: _____

Facility Address: _____
DESCRIBE

City, State/Province, Zip/Postal Code: _____

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

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

_____ INITIAL **1. Decontamination (5 Hours)**
Manual Cleaning Processes, Mechanical Cleaning Processes, and Disinfection

_____ INITIAL **2. Inspection, Assembly and Packaging (5 Hours)**
Instrument Inspection, Testing and Assembly, and Packaging Methods

_____ INITIAL **3. Sterilization (4 Hours)**
High and Low Temperature Sterilization and Sterility Assurance Systems

_____ INITIAL **4. Sterile Storage and Distribution Systems (2 Hours)**
Sterile Storage, Inventory Management, and Distribution Systems

Printed Name of Manager/Supervisor: _____

Current Position/Title of Manager/Supervisor: _____

Select one: ☐ Educator ☐ Lead Tech ☐ Coordinator ☐ Supervisor ☐ Manager
☐ Director ☐ Chief ☐ Administrator ☐ Other _____

Work Phone (with extension): _____ Work Email: _____

I attest that the applicant listed below has completed the observation component required for the Certified Central Service Vendor Partner (CCSVP) certification. I further understand that I may be called upon to verify this information in further detail.

Signature (must be handwritten): _____ Date: _____

PLEASE REMEMBER: Every line in this section must be completed, and the applicant cannot complete any part of this section, (not even their name or facility information.) Doing so may result in the application being returned, unprocessed.

Special Accommodations Request Form (New Request)

Revised January 2022

In accordance with the "Americans with Disabilities Act" (ADA), HSPA will arrange to provide special testing accommodations for those individuals with a qualifying condition or disability that necessitates the provision of a testing accommodation under the ADA provided that such accommodations do not fundamentally alter the measurement of the skills or knowledge being assessed and are not unduly burdensome. To qualify for a testing accommodation under the ADA, you must demonstrate that you have a qualifying disability that necessitates the provision of a testing accommodation. A disability is defined by the ADA as a physical or mental impairment that substantially limits one or more major life activities, as compared to most people in the general population. Supporting medical or other documentation is your responsibility and must be prepared and obtained at your expense. Accommodations will be provided at a designated testing center at no additional cost to the applicant. HSPA's "Americans with Disabilities Policy Statement" is printed on the final page of this form and can also be found in full at www.myhspa.org. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you complete this form and **return it with your examination application**.

Candidates requesting a new special accommodation for an HSPA examination must have this form completed by a qualified and licensed/certified healthcare or other professional with specific and appropriate expertise evaluating adults with the candidate's impairment who has assessed their condition or disability in order for their accommodations request to be processed. If you have received a previous HSPA-Approved accommodation, please email certification@myhspa.org.

To request a new testing accommodation for a disibility, submit this request (both pages) and all supporting documentation along with your exam application. 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**

SUBMISSION CHECKLIST

☐ **Section 1: Examination Type**
I have selected the exam I am applying for.

☐ **Section 2: Applicant Information**
I have completed the applicant information.

☐ **Section 3: Professional Documentation**
I have provided documentation from a qualified and licensed/certified healthcare or other professional.

☐ **Section 4: Policy Statement**
I have read the policy statement

Please note that incomplete forms may cause delays in processing and/or the ability to make the appropriate arrangements for your accommodation by your testing date.

We recommend submitting your requests as far in advance of your testing date preference as possible. Some requests require substantial investment of time to review if, for example, additional supporting documentation is needed and, once granted, to make the necessary arrangements.

Candidates do not need to re-submit medical or other documentation to receive the same accommodation approved by HSPA on a future examination so long as the same accommodation is being requested. If new or additional accommodations are being requested, the candidate must submit the Special Accommodations Request Form and supporting documentation.

Special Accommodations Request Form (New Request)

Revised January 2022

SECTION 1: EXAMINATION TYPE (PLEASE CHECK ONE)

Please let us know which exam you are applying for.

- ☐ **CRCST: Certified Registered Central Service Technician**
- ☐ **CIS: Certified Instrument Specialist**
- ☐ **CER: Certified Endoscope Reprocessor**
- ☐ **CHL: Certified Healthcare Leader**

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): _____

Personal Information

Home Address: _____ Apt/Floor/Unit: _____

City, State/Province, Zip/Postal Code: _____

Country (if outside the USA): _____

Home Telephone: _____ Personal Email: _____

Personal Statement (for disability-related accommodations; please attach additional pages if necessary)

List and, where applicable, submit documentation of past accommodations you have received for standardized testing, or in academic settings. If you have received no previous accommodations, then you should provide an explanation for why no accommodations have been received in the past and why accommodations are necessary now.

_____

_____

What is the nature of your impairment?: _____

When was it first identified or diagnosed?: _____

When was it last evaluated and/or treated?: _____

Please identify the professional who evaluated and/or treated the condition: _____

Requested Accommodation: _____

Applicant Release

Qualified and licensed/certified healthcare provider or other professional: I am requesting a special accommodation for my HSPA exam. I authorize you, my health care provider or other appropriate professional, to complete the HSPA Special Accommodations Request Form and to provide such information to HSPA as you deem relevant for this request.

In addition, I agree to provide to HSPA all required documentation in connection with my request for accommodation of my stated disability. I declare and verify under penalty of perjury that all information provided by me to HSPA or to others evaluating my disability is true to the best of my knowledge and belief. I understand and agree that the HSPA has requested this documentation for use in evaluating the existence and nature of my disability and the need for the requested accommodation. I further understand and agree that HSPA may provide this documentation to qualified professionals in connection with an independent review of my request for accommodation. I agree that HSPA and/or its outside experts may directly contact any of the professionals or other persons who have provided information pertaining to my disability to obtain further information, clarification, or documents. I authorize those individuals to disclose such information concerning their evaluation.

Applicant Signature: _____ Date: _____

Special Accommodations Request Form (New Request)

Revised January 2022

HSPA

PROFESSIONAL DOCUMENTATION OF ACCOMMODATION NEEDS

SUPPORTING DOCUMENTATION MUST BE SUBMITTED ALONG WITH THIS FORM IN ORDER FOR YOUR REQUEST TO BE REVIEWED

SECTION 3: PROFESSIONAL DOCUMENTATION

This section to be completed by a qualified and licensed/certified healthcare or other professional with specific and appropriate expertise evaluating adults with the applicant's impairment. Attach additional pages if necessary.

Applicant First Name: _____ Applicant Last Name(s): _____

I have known: _____ since: _____
NAME OF APPLICANT DATE

in my capacity as a(n): _____
PROFESSIONAL TITLE AND A DESCRIPTION OF YOUR SPECIALTY/EXPERTISE)

Please attach your professional report which should include the following:

- Description of the specific functional limitations caused by the Candidate's impairment that require accommodation;
- Description of the history of treatment and/or rehabilitation efforts that the Candidate has received for their impairment;
- Documentation addressing whether the Candidate's impairment substantially limits one or more major life activities within the meaning of the ADA; and
- Objective evidence of functional limitations including:
  - A list of all standardized test instruments and assessment procedures used to diagnose and evaluate the functional impact of the Candidate's impairment; and
  - Date(s) of assessments and/or treatment contacts upon which your report and opinions are based.[1]

The Candidate discussed with me the nature of the test being administered. It is my professional opinion that because of this applicant's disability, I concur that they should be accommodated by providing the special arrangements during the exam administration as outlined below.

Specific Recommended Testing Accommodations for this Candidate (please check all that apply and attach additional pages if necessary)

- ☐ Extended testing time (please specify): _____
- ☐ Large text test
- ☐ Separate testing area
- ☐ Special seating (please describe): _____
- ☐ Wheelchair accessible testing site
- ☐ Food _____
- ☐ Drink _____
- ☐ Other special accommodations (please explain and be specific): _____

Name of Professional: _____ Title of Professional: _____

Phone Number: _____ License # (if applicable): _____

Address: _____ Date: _____

Signature of Professional: _____

[1]Consistent with the ADA's requirements, HSPA will consider all documentation submitted and recognizes that no one piece of evidence may be dispositive in making a testing accommodation determination. Therefore, if a candidate cannot provide results from a specific test or evaluation instrument, this may not necessarily preclude the candidate from receiving the requested accommodation, if the documentation otherwise provided by the candidate, in its entirety, is sufficient to demonstrate they have a qualifying disability and require a testing accommodation.

Special Accommodations Request Form (New Request)

Revised January 2022

SECTION 4: AMERICANS WITH DISABILITIES ACT POLICY STATEMENT

HSPA is committed to complying with Title III and all other applicable provisions of the Americans with Disabilities Act of 1990, as amended by the ADA Amendments Act of 2008 (the "ADA"). It is HSPA's policy not to discriminate against any qualified applicant with regard to any term or condition associated with any examination administered by HSPA. Consistent with this policy, HSPA will offer and conduct all examinations in a place and a manner in compliance with the ADA to assure accessibility to qualified persons with disabilities or offer reasonable alternative accessible arrangements for such individuals, where feasible. HSPA also will provide a reasonable accommodation to a qualified person with a disability, as defined by the ADA, who has made HSPA aware of their disability and submitted a Special Accommodations Request Form, provided that the accommodation does not fundamentally alter the measurement of the skills or knowledge associated with the examination and does not constitute an undue hardship on HSPA.

HSPA also will not discriminate against any person because of their known association or relationship with any person with a known or perceived disability.

HSPA encourages any examination applicant with a disability to come forward and request a reasonable accommodation. Any examination applicant with a disability who believes they need a reasonable accommodation to participate in the examination should contact the HSPA Exams Department.

Procedure for Requesting an Accommodation

Upon receipt of a request for an accommodation, HSPA's Certification Department will contact the examination applicant, or their authorized personal representative, to discuss and identify the precise limitations resulting from the disability and the possible accommodation that HSPA might provide to help overcome those limitations.

The determination regarding what might be a reasonable accommodation for an applicant claiming to have a disability in order to assure equal and fair access to the examination being administered will be made on a case-by-case basis. HSPA will determine the feasibility of any accommodation, including the specific accommodation requested by the applicant, taking into account all relevant circumstances including, but not limited to: the nature of the claimed disability; the nature and cost of the accommodation; HSPA's overall financial resources and organization; and the accommodation's impact on certification operations and security. Based upon the circumstances of the case, HSPA may provide: appropriate auxiliary aids or services for an applicant with a sensory, manual, or speaking impairment; and/or modifications to the manner in which the test is administered. HSPA will seek to determine an accommodation that best ensures that the test is administered: to reflect the aptitude, achievement level, or whatever other factor the examination purports to measure, rather than the disability of an applicant; to assure accessibility in the facility where the examination is administered.

Whether a given testing modification is appropriate will be evaluated based on the candidate's impairment and the individual circumstances of the candidate's case, taking into account the candidate's specific limitations and needs.

As a matter of fairness to all candidates and consistent with ADA principles, HSPA will not grant requests that would (i) fundamentally alter the measurement of the skills or knowledge that a particular examination is intended to test; or (ii) result in an undue burden on HSPA. If it is determined that a requested modification would fall into either of these categories, HSPA will contact the applicant to determine whether some other form of modification or method of accommodation will satisfy their needs.

HSPA will inform the applicant of its decision pertaining to the accommodation request. If the accommodation request is denied, the applicant may appeal the decision by submitting a written statement to HSPA's Certification Council explaining in detail why they believe the denial was incorrect and include any additional documentation they wish to be considered. Appeals must be received within 60 calendar days of the date applicant's request for accommodation was denied. If the request on appeal is denied, that decision is final.

Procedure for Requesting a Previously-Granted Accommodation

Non-HSPA Approved Accommodation: Candidates previously approved for an accommodation by another organization, similar to HSPA, may be granted the same accommodation by HSPA. Candidates requesting such consideration should submit a written request for accommodation to HSPA that includes: (i) a completed HSPA request form for a non-HSPA approved accommodation; (ii) a letter from the organization that administered the exam for which the candidate received the requested accommodation stating that the requested accommodation had been approved; and (iii) a copy of all documentation sent to the other testing organization in support of the candidate's request.

Procedure for Reporting Discrimination

An applicant who has questions regarding this policy or believes that they have been discriminated against based upon a disability should notify HSPA's Certification Council. All such inquiries or complaints will be treated as confidential to the extent permissible by law.

Renewal Statement

If renewing by mail, please submit a copy of this statement, your payment and your CE credits to the address on the next page.

To complete your renewal online as a quick and easy option, please visit **mycertification.MYHSPA.org**

This statement was printed on <<Expiration Date>>. To verify your current status and any updates since the print date, please visit https://verify.myhspa.org.

Due Date:

Account ID #:

Certifications:

Payment Status:

CE Required:

CONTINUING EDUCATION CREDITS

☐ **Attached** ☐ **Already Submitted** ☐ **Will Submit Separately**

RENEWAL FEE

☐ **$60: Certification and Membership**
Includes one year of certification and membership, plus:
- Subscriptions to *Insights* & *PROCESS* magazine
- Discounts on online education, events and publications
- Access to the online forum & resource documents

☐ **$50: Certification Only**
Includes one year of certification, plus:
- Subscriptions to *Insights* & *PROCESS* magazine

Note: If no selection is made in this section, you will be charged $50 for Certification Only

PAYMENT METHOD

☐ **Check** (enclosed) Check #: _____

☐ **Money Order** (enclosed) Order #: _____

*If mailing a Check or Money Order, please ensure it is signed and place your ID on the Memo line. Unsigned checks and money orders will not be processed. The check may be made out to "HSPA".

☐ **Credit/Debit Card**

*If paying by Credit/Debit Card, please go online to **mycertification.MYHSPA.org** Once you are logged in, click the "View / Renew My Certifications" link on the page. Select your certification and walk through the application steps. There will be a button to "Process and Pay" at the end. You may also upload your CE there if you prefer, or mail with this statement.

Note: HSPA cannot accept cash payments. There is only one renewal fee required, no matter how many certifications you may hold.

IMPORTANT

If your complete renewal is not received by <<Expiration Date>>, your certification(s) will be suspended. To avoid having your certification(s) suspended, HSPA strongly encourages you to renew at least 4 weeks prior to your due date.

CONTRIBUTIONS

For tax purposes, membership dues may be deducted as a business expense but not as a charitable donation. HSPA has estimated that $10.45 of membership fees are not deductible in accordance with the IRS Sec 6033.

STATEMENT OF UNDERSTANDING

By submitting a renewal fee and continuing education credits, 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 continue 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 renewal credits and further authorize HSPA to make any necessary inquiries in this regard. I understand that providing information on this or any document relating to my certification that 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 revocation of certification, as outlined in HSPA's disciplinary policy. I agree that all claims made regarding my certification status must be in compliance with HSPA policies including the acceptable use policy and that I may use the certification(s) granted to me only as authorized. I agree to refrain from making any statement regarding the certification that is inaccurate, misleading, or unauthorized.

See reverse side for further information

ACCOUNT INFORMATION

To update your contact information, please make any changes below. You may also update this information in your online account at **myaccount.MYHSPA.org**

Note: To update your first or last name, you must submit a copy of a legal name change document.

CONTACT INFORMATION

First Name:

Last Name:

Primary Phone Number:

Primary Email Address:

Primary Mailing Address:

CONTACT UPDATES

PROFESSIONAL INFORMATION

Place of Employment:

Job Title:

CONTINUING EDUCATION (CE) SUBMISSION INFORMATION

The chart below indicates how many Continuing Education (CE) credits are required for each certification's annual renewal. The list that follows details possible ways of achieving CE credits (for more information, please visit the Certification section of **MYHSPA.org**).
Please Note: You may only receive credit once for any activity submitted, and it may only be applied to one certification.

Continuing Education (CE) credits are determined by hours used for learning: 1 hour equals 1 CE credit, ½ hour equals ½ CE credit, ¼ hour equals ¼ CE credit

CRCST	CIS	CER	CHL	CCSVP
12 CE credits	**6** CE credits	**6** CE credits	**6** CE credits	**6** CE credits

HSPA EDUCATIONAL OFFERINGS

- Online lesson plans containing a reading and short quiz: CE amounts vary (automatically applied to your account upon passing)
- Online webinars containing a video and short survey: CE amounts vary (automatically applied to your account upon passing; some exceptions apply)
- Online podcasts containing an audio file and short quiz: CE amounts vary (automatically applied to your account upon passing)
- Annual Conference & Expo: CE amounts vary (automatically applied to your account upon attending)
- Local Chapter Events: CE amounts vary (you must submit a valid certificate of completion)

Additional rates may apply. Please check **MYHSPA.org** for further information.

IN-SERVICE OR STAFF MEETINGS

- Submission of any in-services or staff meetings must be provided on either hospital letterhead or using the enclosed In-Service Submission Form.
- All topics must be directly related to Sterile Processing job performance.
- Any education worth 3 or more credits requires a certificate of completion, or a list of the topics covered

INDUSTRY PROFESSIONAL EDUCATION

- Vendors and other organizations may offer pre-approved educational opportunities either online or in-person.
- A list of opportunities can be found at **MYHSPA.org/certification/resources#renewalresources-tab**.
- Please submit a score sheet or certificate of completion from the provider which includes your name, the date of completion, and the CE value achieved.
- If submitting HSPA Lesson Plans graded by your supervisor, please include a copy of the quiz, your full name, your supervisor's full name, title, and signature, and your score. These are worth 1 CE credit each.

MEETINGS, CONFERENCES OR SEMINARS

- Must be through a recognized professional organization and be pre-approved for credit by HSPA.
- Please submit a certificate of completion from the provider which includes the event name, your name, the date of completion, and the CE value achieved.

TECHNICAL, COMMUNITY, OR SECONDARY COLLEGE COURSES

- Course must directly relate to knowledge that can be applied to Sterile Processing job performance.
- Successful completion of a course is worth 6 CE credits.
- Please submit a copy of the course description from the institution's catalog or a copy of the course syllabus or learning objectives. A copy of your final grade transcripts must be included and contain the name and location of the school, the topic studied, dates attended, length of course, and proof of passing the course with a C or better.

HSPA CONTACT INFORMATION

Healthcare Sterile Processing Association
55 West Wacker Drive, Suite 501, Chicago, IL 60601
Toll-Free: 800.962.8274 • Fax: 312.440.9474 • MYHSPA.org

All Continuing Education (CE) Credit Must Have Occurred Within the Past Year, After Your Last Renewal Date

Revised July 2024

In-Service/Staff Meeting Submission Form

Revised January 2022

HSPA

INSTRUCTIONS:

Documentation of in-services or staff meetings may be provided on this form or on hospital letterhead. In-service and/or staff meeting attendance must have occurred within the past year, after your last renewal date. The subject matter must relate directly to Sterile Processing job performance. **This form is only to be used for in-service or staff meeting submissions. If you have completed other continuing education, it must be submitted separately.**

Your (Certificant's) Full Name _____

Your HSPA ID# _____

Printed Name of Manager/Supervisor: _____

Current Position Title of Manager/Supervisor: _____

Facility/Hospital: _____

Manager/Supervisor's Phone: _____

Manager/Supervisor's Handwritten Signature: _____ Date: _____

HSPA 55 West Wacker Drive, Suite 501, Chicago, IL 60601 • Email: certification@myhspa.org • Fax: 312.440.9474

MANAGER/SUPERVISOR, PLEASE NOTE:
If the certificant is submitting a hospital transcript please provide your name, title & signature **directly on the transcript.**

Examples:

☺ In-Service/Staff Meeting Topic: Patient Safety Goals Duration 1/2 Hour Date 11/28/2022

☹ In-Service/Staff Meeting Topic: Staff Meeting Duration 5 Minutes Date November
Specific Topic Required — Too Short — Exact Date Required

Reminder:
1 hour equals 1 CE credit
½ hour equals ½ CE credit
¼ hour equals ¼ CE credit

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

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In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

In-Service/Staff Meeting Topic: _____ Duration: _____ Date: _____

Total Amount of Continuing Education (CE) Credits

In-Service/Staff Meeting Submission Form

Revised January 2022

HSPA

In-Service/Staff Meeting Topic:_____ Duration: _____ Date:_____

In-Service/Staff Meeting Topic:_____ Duration: _____ Date:_____

In-Service/Staff Meeting Topic:_____ Duration: _____ Date:_____

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In-Service/Staff Meeting Topic:_____ Duration: _____ Date:_____

In-Service/Staff Meeting Topic:_____ Duration: _____ Date:_____

Total Amount of Continuing Education (CE) Credits

HSPA's mission is to promote patient safety worldwide by raising the level of expertise and recognition for those in the Sterile Processing profession.

COMMUNICATION | EDUCATION | PROFESSIONALISM
LEADERSHIP | ADVOCACY | EXCELLENCE

HSPA | HEALTHCARE STERILE PROCESSING ASSOCIATION

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