

Call for 2027 Certification Leadership Form

Revised July 2026



A benefit of belonging to a professional membership organization is the opportunity to have a positive impact on the organization by serving in a leadership role. The HSPA Certification Council is responsible for the essential decisions related to the development, administration, and ongoing maintenance of the certification programs. We are currently seeking individuals to serve on the Certification Council for the following positions below.

2027 OPEN LEADERSHIP POSITIONS

HSPA Certificant Representative

- Two (2) Positions Available
- Term Length: Three (3) Years (*term to start January 1, 2027*)
- Position Requirements & Qualifications:
 - ◆ Must hold the CRCST credential in good standing. Additional HSPA certifications preferred, but not required
 - ◆ Previous experience as an examination development committee member and/or Subject Matter Expert is preferred, but not required
 - ◆ A minimum of 3-5 years of central service experience is preferred, but not required

HSPA Industry Stakeholder

- One (1) Position Available
- Term Length: Two (2) Years (*term to start January 1, 2027*)
- Position Requirements & Qualifications:
 - ◆ Industry representatives who represent appropriate stakeholder groups such as (but not limited to) hospital administrators, Infection Prevention Specialists, or representatives from such associations as AORN, AAMI, or AST.
 - ◆ May be HSPA members, but membership is not required.

HSPA Public Member

- One (1) Position Available
- Term Length: Two (2) Years (*term to start January 1, 2027*)
- Position Requirements & Qualifications:
 - ◆ Representative who has been a surgical patient and/or who has experience with patient advocacy
 - ◆ Knowledge of certification programs is not required, but previous board experience is preferred

Applicant **SHOULD NOT:**

- ~ be a member of HSPA
- ~ have similar credentials to those granted by the certification program
- ~ be a current or previous member of the sterile processing profession, occupation, role, or specialty area encompassed by the certification program
- ~ be a supervisor, manager, direct co-worker, or an employee or subordinate of individuals in the profession encompassed by the certification program
- ~ be an employee of an individual certified by the certification program or of an employer of individuals in the profession encompassed by the certification program
- ~ be a person who currently receives, or within the last five years has received, income from the profession encompassed by the certification program

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CERTIFICATION COUNCIL DUTIES & RESPONSIBILITIES

All elected members of the Certification Council are responsible for making essential decisions related to standards, policies, and procedures of HSPA's certification program including but not limited to:

- Establishing the policies and procedures for granting certification, including compliance with eligibility requirements.
- Establishing the policies and procedures for maintaining certification, including re-certification requirements.
- Defining, expanding and/or reducing the scope of the certification programs.
- Establishing policies and procedures for suspending or withdrawing certification, including the oversight of all disciplinary investigations and actions related to certificants.
- Developing, maintaining, administering, and scoring the examinations in a manner consistent with generally accepted psychometric principles to ensure that all examinations are reasonably valid and reliable.
- Establishing and enforcing a Code of Conduct for individuals holding the credentials.
- Proposing a budget for the operation of the certification program.
- Providing oversight to all certification program committees and establishing and overseeing committees as needed.
- Establishing and implementing policies and procedures for, and overseeing the ongoing operational processes of, the certification programs.

Please see the application instructions on page 3.

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2027 APPLICATION PROCESS

If you are interested in sharing your leadership skills for one of the positions as listed above, please email the following materials to **sdedman@myhspa.org** by **October 9, 2026**:

1. Current Resumé
2. Completed Leadership Application (provided below)

For each of the available positions, the Nominating Committee will prepare a ballot of eligible representatives for the Certification Council to review. Applicants will be notified if they've been elected in late November and will begin their term January 1, 2027.

I AM APPLYING FOR THE POSITION OF (PLEASE SELECT ONE):

Elected Positions

- ☐ HSPA Certification Council Certificant Representative (3-year term)
- ☐ HSPA Certification Council Industry Stakeholder (2-year term)
- ☐ HSPA Certification Council Public Member (2-year term)

Individual Information

Printed Name: _____

Current Position Title: _____

Organization: _____

Address: _____

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

Phone Number: _____

Email Address: _____

General Questions for ALL Candidates

You may insert your responses to the questions below on this form or submit a separate document. Please note that applicants are not required to have experience in every area below to be considered.

1) What are your reasons for wishing to volunteer in the role for which you are applying?

2) What volunteer activities have you been involved in with HSPA and/or the certification community at large?

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3) Do you have a potential conflict of interest in either your current professional or another volunteer role that could affect your capacity to serve in any of the positions for which you are applying? If so, please disclose.

4) What challenges or opportunities do you believe HSPA's Certification Council is currently facing?

5) What challenges or opportunities do you anticipate the Certification Council confronting in the future?

By signing below, applicants agree to the Certification Council's duties, including but not limited to:

- Providing HSPA staff with a professional headshot by December 15, 2026.
- Acknowledging and understanding the time commitment, term length, and responsibilities required to fulfill the applied-for position.

Name of Applicant (Print): _____

Signature of Applicant: _____

Date: _____

Please email all required materials to sdedman@myhspa.org by October 9, 2026.