



Instrumental to Patient Care®

CERTIFIED INSTRUMENT SPECIALIST EXAMINATION APPLICATION

CIS
(International)
IAHCSMM CERTIFICATIONS ARE
RECOGNIZED INTERNATIONALLY
(BY COMPLETING THIS APPLICATION, YOU ARE
ACKNOWLEDGING THAT YOU WILL BE TAKING THE
EXAM OUTSIDE OF THE UNITED STATES OR CANADA)

Incomplete applications will be returned. Complete all sections exactly to avoid disappointment. Please type or clearly print all information.

Section One – Applicant Information

Name: _____ IAHCSMM ID # (if applicable): _____
First and Last ONLY (as it appears on your primary photo ID)

Home Address: _____
Number & Street City, State/District, and Postal Code Country

Current Position in Hospital (circle one): Technician Supervisor Manager Other: _____

Contact Information (please indicate country code for all phone numbers): _____
Home Phone Hospital Phone Ext.

Email: _____ (all international applications require a valid email address for processing. Failure to provide a valid email address will mark the application as incomplete and will be returned with payment to sender)

Proctor Name: _____ (If the country in which you are taking the exam does not have a Prometric testing site (www.prometric.com/iahcsmm), a Pre-Approved Proctor must administer the exam. Your direct supervisor or manager may be eligible to become a proctor, and may apply online at www.iahcsmm.org under the education tab. Applications that require a proctor will not be processed if a proctor name is not given or has not been approved. All countries that do have Prometric testing sites will not be eligible for proctor based exams)

Section Two – Payment Information (Note: IAHCSMM does not accept purchase orders of any kind)

Examination Fee is \$150.00

You must include the fee of \$150.00 with this application, in the form of: Personal Check, Money Order, or Credit Card.

- My check or money order is enclosed, and made payable to: IAHCSMM
 My credit card is to be charged, and I have supplied ALL necessary information below: Visa MasterCard American Express Discover

Name: _____
Please print name as it appears on credit card

_____ Credit Card Account Number Expiration CVV2 Number (3-4 digit security code)

Signature

**Return applications with payment to: IAHCSMM, 213 West Institute Place, Suite 307, Chicago, IL 60610
Or Fax to: 312-440-9474 Attn: Examinations**

Section Three – Background Requirements

Background Requirements: CURRENT CRCST status is required to apply for the Certified Instrument Specialist (CIS) exam.

(OVER)

All Applicants must complete the reverse side of this application to indicate hours of experience and location of hospital where experience was earned. (Failure to complete the second page of the application will mark the application as incomplete and will not be processed).

Section Four - Hands on Experience (to be completed by immediate Supervisor/Manager)

A minimum of 200 hours "Hands-On" experience must be documented prior to taking the IAHCSSM CIS Exam. These hours must be applied to the specific areas mentioned below and each checked off and initialed by a direct Central Service Supervisor/Manager.

- I. Instrument Decontamination (92 Hours)** Initials _____
(Disassembly, Manual and Mechanical Cleaning Processes)
- II. Instrument Assembly (92 Hours)** Initials _____
(Identification, Inspection, Testing, Assembly, Packaging)
- III. Instrument Information System Management (12 Hours)** Initials _____
(Back Up Instrument System Maintenance, Form Maintenance, Change Notification Systems, Implant Replenishment, Loaner Instrument Processes)
- IV. Surgery Observation (4 Hours)** Initials _____
(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)

Section Five – Manager/Supervisor Verification (to be completed by immediate Supervisor/Manager)

Where experience was obtained: _____

Address: _____
Number & Street City, State, and Zip (or Postal Code) Country

Dates of Experience (starting to ending dates): _____

Name of Supervisor/Manager verifying experience (print name): _____

Print Title: _____ Signature: _____ Date: _____

Telephone (with extension): _____ Email: _____

Applicant is a current employee of this hospital Yes No If No, please provide current hospital of employment:

Hospital Name: _____

Address: _____
Number & Street City, State, and Zip (or Postal Code) Country

Applications submitted without manager/supervisor verification of hospital employment will be marked as Provisional (see Section Two).

Requirements to Maintain Certification

(Upon successful completion of the Certification Exam as an Instrument Specialist (CIS))

CIS Points: (CIS are required to maintain current CRCST status in addition to CIS requirements)

A. All CIS must accumulate 6 points of continuing education per billing year, in addition to points submitted for CRCST status, and for all other certifications held (Members newly certified within the current billing cycle are responsible for gathering their points starting from the time of certification)

B. All points submitted must show a direct relation to Instrument Handling, expanding upon one's technical expertise and/or advancement in the field