



CRCST
(International)

CERTIFIED CENTRAL SERVICE TECHNICIAN EXAMINATION APPLICATION

Instrumental to Patient Care®

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 - Hands on Experience

A minimum of 400 hours "Hands-On" experience must be documented prior to taking the IAHCSMM Technical Certification 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 (matching the information provided in Section Three of the application). (Those indicating Provisional Certification should see Section Four of the application. Provisional Certification applicants are required to accumulate these hours **after** passing the exam, and **within 6** (six) months after passing). **Applications submitted without manager/supervisor documentation of hands on experience will be marked as Provisional (see Section Four),** limiting your certification until all requirements of the application can be met, up to and including forfeiture of certification if hours can not be shown.

- I. **Patient Care Equipment (32 Hours)** Mgr/Supervisor Initials _____
(Cleaning-Assembly/Testing Identification)
- II. **General Cleaning (32 Hours)**..... Mgr/Supervisor Initials _____
(Instruments-utensils-specialty items, Operation of Mechanical Washers)
- III. **Wrapping Packaging (36 Hours)**..... Mgr/Supervisor Initials _____
(Packaging Techniques; Pouches, Flat Wraps, and Rigid Containers; Label/Expiration Date, etc.)
- IV. **Linen Folding (36 Hours)** Mgr/Supervisor Initials _____
(Inspection, Folding Drapes/Wrappers, Towels, etc.)
Note: If Facility does not have any reusable linen, these 36 hours will be divided in half (18 hours) and added to General Cleaning and Instrument/Procedure Trays
- V. **Assemble Instrument/Procedure Trays (60 Hours)** Mgr/Supervisor Initials _____
(Assembly/Layout, Inspection, Identification, Use)
- VI. **Sterilization (64 Hours)** Mgr/Supervisor Initials _____
(High Temperature and Low Temperature Sterilization Processes, Sterilization Quality Assurance Systems, Record Keeping, , Handling/Putting Away Sterile Supplies, Dust Covering)
- VII. **Storage Clean & Sterile (36 Hours)** Mgr/Supervisor Initials _____
(Rotating Supplies, Inventory and Restocking Carts/Shelves, Outdates, Cleaning Storage Shelves)
- VIII. **Case Carts (32 Hours)** Mgr/Supervisor Initials _____
(Assembly, Pick Sheets, Cover and Transport to OR)
Note: If Facility does not use case carts, these 32 hours will be divided in half (16 hours) and added to Wrapping/Packaging and Sterilization
- IX. **Distribution (32 Hours)** Mgr/Supervisor Initials _____
(Par Levels, Point of Use Systems, Exchange Carts, Just In Time)
Note: If Facility does not use this procedure, these 32 hours will be divided in half (16 hours) and added to General Cleaning and Instrument/Procedure Trays
- X. **Miscellaneous (40 Hours)** Mgr/Supervisor Initials _____
(Quality Assurance Processes, Blood Borne Pathogen Protocols, Soiled Equipment Pick-Up, Standards, Regulations, Policies and Procedures)

(OVER)

All Applicants must complete the reverse side of this application to indicate location of hospital where experience was earned and provide payment information. (Failure to complete the second page of the application will result in the application being marked as incomplete and will not be processed).

Section Three – Manager/Supervisor Verification

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 Four).

Section Four – Provisional Certification (Currently cannot show proof of 400 hours of hands-on experience)

Provisional Certification: 400 hours of Hands-On experience will be accumulated within six (6) months of a passing grade (70 or better) on the Certification Exam. These hours will be broken down specifically to the categories listed in Section Three of the application. I will submit the further documentation to IAHCSSM Headquarters prior to the six (6) month expiration date. Failure to submit the hours within the designated time frame will result in a forfeiture of current certification, and successful completion of a retake exam will be required. All applicable fees will apply to this retake examination.

Please note, all applications marked as Provisional must be received no later than August 31, 2011 and all hours of hands-on experience must be documented no later than February 28, 2012. All applications received after September 1, 2011 cannot be marked Provisional and must first show completion of the required 400 hours of hands on experience.

Applications received after September 1, 2011 without proof of 400 hours of hands on experience will be returned to sender as incomplete.

Applicant's Signature

Date

Section Five – Payment Information (Note: IAHCSSM 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: IAHCSSM
 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: IAHCSSM, 213 West Institute Place, Suite 307, Chicago, IL 60610

Or Fax to: 312-440-9474 Attn: Examinations

All Applicants must complete this side of the application to indicate hours of experience and location of hospital where experience was earned. (Failure to complete this page of the application will result in assignment of Provisional certification if a passing score is received for the exam. Specification of Provisional Certification can be found in Section Three of the application).

Notification of eligibility dates for the examination and scheduling information will be sent to the email address provided in Section 1.

To receive the \$150 rate for examinations, your exam must be taken outside the United States (Continental plus Alaska, Hawaii, and Puerto Rico) or Canada.

The IAHCSSM complies with the Americans with Disabilities Act and is interested in ensuring that no disabled individual is deprived of the opportunity to take an examination solely by reason of that disability. Special testing accommodations may be made for these individuals. If you require special accommodations, please request a Special Accommodations Form from IAHCSSM and submit with your application. (All special accommodation requests must be provided with each application submitted; applications received without this request will not be eligible for special accommodations).