



CERTIFIED CENTRAL SERVICE TECHNICIAN EXAMINATION APPLICATION

CRCST
(United States and
Canada only)

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

Section One – How To Complete This Application

1. Complete and submit this application to IAHCSMM only when you are ready to have your 90 day testing window opened. **Do not submit your application until you are done studying and ready to sit for the certification exam.**
2. Be sure to clearly print all information on both sides of the application. Illegible or cursive writing will lead to delays and may result in an inability to process your request to take the CRCST exam.
3. All sections must be completed. Any sections submitted as blank will result in your application being returned to you, unprocessed.
4. All applications require payment in full and must be rendered at time of submission of application. This fee is required for every exam taken (including any retake attempts). If paying by credit card, you may fax your completed application with credit card information to 1-312-440-9474. If paying by check or money order, you must mail your completed application with payment to IAHCSMM, 213 West Institute Place, Suite 307, Chicago, IL 60610. If paying by scholarship, you may fax or mail your completed application with your approved letter of scholarship acceptance. Please note, all Canadian payments must be made by either credit card or money order made out in U.S. funds (IAHCSMM does not accept checks drawn on non-U.S. currencies).
5. Once your application and payment has been received in our office, processing takes 1-2 business days. Information on scheduling your exam, the available testing eligibility dates, and locations available will be mailed to the address provided in Section Two. Please allow an additional 3-5 business days for this information to be delivered by the United States Postal Service. You may request the information be sent to you electronically to an Email provided by you in Section Two. Email notifications will be sent within 24 hours of application processing.
6. Once you receive your scheduling information, it is your responsibility to schedule your exam. Web and phone contacts will be provided to you for ease of scheduling your exam 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 (outlined within your scheduling information). Please be aware, if you miss your appointment, are unable to test due to non-acceptable forms of identification at the testing site, or your name provided in Section Two does not match your id exactly, you will be required to submit a new application with a new payment (**payments received for exams missed or denied are considered forfeited**).

Section Two – 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, and Zip

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

Contact Information (please print clearly): () ()
Home Phone Hospital Phone Ext.

Email: _____ **Please email my confirmation (Check here)**

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

Examination Fee is \$105.00

You must include the fee of \$105.00 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 Four – Type of CRCST (Provisional or Full Certification)

- 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 Five of the application. I will submit documentation of my completed 400 Hours of Hands-On Experience to IAHCSMM 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.
- Full Certification:** I have completed my 400 Hours of Hands-On Experience, as outlined in Section Five of this application. My supervisor has witnessed my accumulation of these hours and has completed Sections Five and Six of this application.

Applicant's Signature

Date

(OVER)

All Applicants must complete the second page of this application. (Failure to complete the second page of the application will result in the application being marked as incomplete and will not be processed.)

Section Five - Hands On Experience

APPLYING FOR:

FULL CERTIFICATION

PROVISIONAL CERTIFICATION

- 1. Patient Care Equipment (32 Hours)**.....
(Cleaning – Assembly/Testing Identification)
- 2. General Cleaning (32 Hours)**
(Instruments – utensils – specialty items, Operation of Mechanical Washers)
- 3. Wrapping Packaging (36 Hours)**
(Packaging Techniques, Pouches, Flat Wraps, and Rigid Containers; Label/Expiration Dates, etc)
- 4. Assemble Instrument / Procedure Trays (60 Hours)**.....
Assembly/Layout, Inspection, Identification, Use)
- 5. Sterilization (64 Hours)**
(High Temperature and Low Temperature Sterilization Processes, Sterilization Quality Assurance Systems, Record Keeping, Handling/Putting Away Sterile Supplies, Dust Covering)
- 6. Storage Clean & Sterile (36 Hours)**
(Rotating Supplies, Inventory and Restocking Carts/ Shelves, Outdates, Cleaning Storage Shelves)
- 7. Miscellaneous (40 Hours)**
(Quality Assurance Processes, Blood Borne Pathogen Protocols, Soiled Equipment Pick-Up, Standards, Regulations, Policies and Procedures)
- 8. Linen Folding (36 Hours)**
(Inspection, Folding Drapes/Wrappers, Towels, etc.)
Note: If Facility does not have any reusable linen, these 36 Hours will be divided in half and added to General Cleaning (18 additional hours) and Instrument Procedure Trays(18 additional hours)
- 9. Case Carts (32 Hours)**
(Assembly, Pick Sheets, Cover and Transport to OR)
Note: If Facility does not use Case Carts, these 32 Hours will be divided in half and added to Wrapping/Packaging (16 additional hours) and Sterilization (16 additional hours)
- 10. Distribution (32 Hours)**
(Par Levels, Point of Use Systems, Exchange Carts, Just In Time)
Note: If Facility does not use these procedures, these 32 Hours will be divided in half and added to General Cleaning (16 additional hours) and Instrument/Procedure Trays (16 additional hours)

- Mgr/Supervisor Initials_____
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A minimum of 400 Hours Hands-On Experience must be documented prior to or within 6 months of passing the IAHCMM Technical Certification Exam. These hours must be applied to the specific areas listed in Section Five - Hands On Experience, and each category checked off and initialed by a direct Central Service Supervisor/ Manager (matching the information provided in Section Six of the application).

Applicants indicating Provisional Certification should be aware certification is limited until all requirements of the application can be met, up to and including forfeiture of certification if 400 Hours of Hands-On Experience can not be shown within 6 months of passing the CRCST exam.

Applicant Initials _____

Section Six – 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

I am applying for Provisional Certification, and not currently able to have a Manager/Supervisor verify all of my 400 Hours of Hands On Experience.

All Applicants must complete both sides of the application. (Failure to complete this page of the application will result in the application being marked as incomplete and will not be processed.)

Notification of eligibility dates for the examination and scheduling information will be mailed to the address listed in Section Two. To ensure faster delivery, be sure to indicate you wish an additional email confirmation (Section Two) and provide a valid email address.

To receive the \$105 rate for examinations, your exam must be taken at a Prometric testing site in the United States (Continental plus Alaska, Hawaii, and Puerto Rico) or Canada.

The IAHCMM 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 IAHCMM 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).