Certified Instrument Specialist (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 Central Service 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 CS tech responsibilities.) CIS certificants are required to recertify annually through completion of continuing education requirements.

Full CRCST certification is required before applying for the CIS.

Once your application and payment have been received by IAHCSMM, processing will typically take 5-7 business days. Information on your exam eligibility period, scheduling your exam, available testing dates and locations, and the testing process will be mailed to the address provided in Section One. Please allow an additional 3-5 business days for this information to be delivered by the US Postal Service. You may also request the information be sent to you electronically by providing your email address(es) in Section One. Email notifications will be sent within 24 hours of application processing. (Scheduling information cannot be given by phone.) Once you receive your scheduling letter/email, it is your responsibility to schedule your exam.

SECTION ONE – Applicant Information (To Be Completed By the Applicant)

Please Note: Incomplete or illegible applications can delay processing, clearly print all information

First Name: __________________________ Last Name(s): __________________________

(As it appears on your primary government issued photo ID) (As it appears on your primary government issued photo ID)

Street Address: __________________________________________ Apt/Floor/Lot/Unit: __________________________

City: __________________________ State/Province: __________ Zip/Postal Code: __________________________ USA or Canada

Current Facility (if employed): __________________________________________ IAHCSMM ID# __________________________

(Leave blank if unknown)

Current Position (circle one): Student Technician Supervisor Manager Educator Other: __________________________

Home or Cell Phone: (__________) __________________________ Work Phone: (__________) __________________________ Ext: __________________________

Primary/Preferred Email: __________________________________________ Secondary/Alternate Email: __________________________________________

(Optional) (Optional)

Your exam scheduling information will be mailed to your home address, as listed above, and also emailed, if email is provided above.

SECTION TWO – Payment Information (To Be Completed by the Applicant or Payment Provider)

Please Note: IAHCSMM cannot accept purchase orders of any kind; payment must be submitted along with this application

The examination fee within the United States & Canada is $125 USD. Payment must be submitted, along with this application, in the form of:

Credit/Debit Card (US & Canada), Money Order (US & Canada), or Check (US only.) Payment cannot be made by phone.

☐ I am submitting a check or money order, made payable to IAHCSMM, by mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601
☐ I am submitting the credit/debit card information below and give permission for my card to be charged $125 USD:

Fax to: 1-312-440-9474, Scan & Email to: certification@iahcsmm.org, or Mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601

Credit/Debit Card Holder’s Printed Name: __________________________

Credit/Debit Card Number: __________________________________________ Expiration: __________

(Month/Year)

Credit/Debit Card Holder’s Signature: __________________________________________ CV2#: __________________________

(Handwritten Signature Required)
Current and full CRCST status is required in order to apply for the Certified Instrument Specialist Exam. If you do not already hold full CRCST status then you would need to achieve it before you apply to take the CIS test.

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 IAHCSMM Certification Handbook (available online at IAHCSMM.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 IAHCSMM, 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 IAHCSMM may be audited for verification. I agree to provide any information necessary to verify my experience and authorize IAHCSMM 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 a Pass/Fail notice will be issued at the testing center upon completion of the exam, and that IAHCSMM will only release my full exam results directly to me, in written format, at the home address provided herein. Results are not available orally or electronically, and can take up to two weeks to be delivered. Exam results and pass/fail notifications will not be provided to 3rd parties without my prior express written consent. Upon request IAHCSMM 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 IAHCSMM on this form, and in regard to my certification exam, will be used in accordance of IAHCSMM’s Confidentiality Policy, included in the Certification Handbook and available online at IAHCSMM.org. If I request and am granted special testing accommodations IAHCSMM 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 IAHCSMM 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: _____________________________ Date: ____________

(Handwritten Signature Required)

Please Note: If the following page is left blank, or not submitted, your application will be returned, unprocessed. Likewise, if you, the applicant, complete any part of the following page, your application cannot be accepted. All experience must be completed in full before applying to take the CIS exam.

IAHCSMM 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. IAHCSMM 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. IAHCSMM’s “Americans with Disabilities Policy Statement” can be found in full at IAHCSMM.org and in the Certification Handbook. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you contact IAHCSMM to request a Special Accommodations form, to be completed and submitted with your application.
SECTION FOUR – Hands-On Experience (To Be Completed By the Applicant’s Manager/Supervisor)

Please Note: All information in this section must be completed/initialied by the applicant’s Manager/Supervisor

The applicant cannot complete any part of this section

INSTRUCTIONS: This section is to be completed by the Manager/Supervisor who oversaw the CIS applicant’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 200 hours of hands-on experience required for this IAHCSMM certification and will verify as much if called upon. The applicant cannot complete any part of this page, whatsoever, and every line below must be completed, which includes initializing each area of experience to indicate that it has been completed.

Manager/Supervisor Experience Verification

Following each area of experience are several examples of the types of duties that fulfill the requirement. Each of the four areas are mandatory, and must be completed in full. If the applicant completed their experience in more than one facility, please submit additional copies of this page, with the Mgr/Spv of each department completing a copy and indicating the specific number of hours completed under their supervision in each area.

The Manager/Supervisor’s handwritten initials are required for each area of experience completed below:

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

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

3. Instrument Information System Management (12 Hours)

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 Being Verified: ____________________________________________

IAHCSMM ID#: ____________________________________________  (Leave blank if unknown)

Facility Where Applicant’s Experience Was Obtained: ____________________________________________

Facility Address: ____________________________________________  City: ____________________  State/Province: _____  Zip/Postal Code: __________

Dates When Applicant’s Experience Was Obtained (must have occurred within the past 5 years): /              / to /              /

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

Printed Name of Manager/Supervisor Verifying Experience: ____________________________________________

Mgr/Spv’s Title Within the Department: ____________________________________________

Date: ____________________________________________

Mgr/Spv’s Signature: ____________________________________________  Handwritten Signature Required

Mgr/Spv’s Work Phone (with extension): (__________)______________________________

Personal phone numbers cannot be used (such as home or mobile)

Mgr/Spv’s Work Email: ____________________________________________

Personal email accounts cannot be used (such as gmail, yahoo, hotmail, etc)

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