

Certified Registered Central Service Technician (CRCST) certification is designed to recognize individuals who have demonstrated the experience, knowledge, and skills necessary to provide competent services as a central service technician. CRCSTs are integral members of the healthcare team who are responsible for decontaminating, inspecting, assembling, disassembling, packaging, and sterilizing reusable surgical instruments or devices in a health care facility that are essential for patient safety.

To earn CRCST 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 general central service and infection prevention topics. CRCST certificants are required to recertify annually through the completion of continuing education requirements.

This application is for use by those who have completed, and are ready to submit documentation of, their 400 hours of hands-on experience.

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) as indicated 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)

Upon passing the CRCST exam, you will be granted one year of complimentary membership with IAHCSSM in addition to your certification. It is not required that you become an IAHCSSM member before taking the exam, nor is it required for you to maintain membership with IAHCSSM in order to be certified. If for any reason you prefer not to receive complimentary membership upon passing your certification exam please indicate so below:

- Yes; I wish to receive complimentary 1 year IAHCSSM Membership after passing the CRCST exam
- No; I do not wish to receive complimentary IAHCSSM Membership after passing the CRCST exam

SECTION THREE – Statement of Understanding (To Be Completed By the Applicant)

Please Note: Your signature in this section is mandatory in order to test with IAHCSSM

Statement of Understanding

I hereby apply to take the CRCST exam. By signing below and submitting an exam application and fee, I attest that I have read and understand the IAHCSSM Certification Handbook (available online at IAHCSSM.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 IAHCSSM, 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 IAHCSSM may be audited for verification. I agree to provide any information necessary to verify my experience and authorize IAHCSSM 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.

By submitting this application, I am applying for Full Certification, and attest that I have fully completed the 400 hours of hands-on experience required for CRCST certification, as detailed in Section Four of this form.

Release of Exam Results

I understand that a Pass/Fail notice will be provided on screen at the testing center upon completion of the exam, and that IAHCSSM will only release my full exam results directly to me, in written format, at the home address provided herein. Result reports 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 IAHCSSM 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 IAHCSSM on this form, and in regard to my certification exam, will be used in accordance of IAHCSSM’s Confidentiality Policy, included in the Certification Handbook and available online at IAHCSSM.org. If I request and am granted special testing accommodations IAHCSSM 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 IAHCSSM 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. Additionally, only this current version of the hands-on experience documentation can be accepted; documentation from previous versions of the CRCST application cannot be used.

(If you have not yet completed your hands-on experience, then you must submit the Provisional CRCST exam application instead of this application.)

IAHCSSM 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. IAHCSSM 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. IAHCSSM’s “Americans with Disabilities Policy Statement” can be found in full at IAHCSSM.org and in the Certification Handbook. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you contact IAHCSSM 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/initialed 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 CRCST 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 400 hours of hands-on experience required for this IAHCSSM 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 initialing 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 fulfil the requirement. Each of the six 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. Decontamination (120 Hours)**
Initials Blood-Borne Pathogens, Soiled Item Transport, Safety (e.g. Chemical Handling, Sharps), Manual Instrument Cleaning, Mechanical Cleaning (e.g. Washers, Ultrasonic Cleaners), Decontamination Area Disinfection Processes, Interpreting Manufacturer's IFUs (e.g. Device Cleaning, Equipment Operation, Chemical, Enzymatics/Detergents, Current Measurements/Concentration, Soak Time), Item Receiving & Traceability
- _____ **2. Preparing & Packaging Instruments (120 Hours)**
Initials Identification, Inspection/Testing of Instruments, Inspection/Testing of Containers & Wrapping Material, Assembly, Packaging Techniques (e.g. Pouches, Flat Wraps, Rigid Containers), Labeling
- _____ **3. Sterilization & Disinfection (96 Hours)**
Initials High Temperature Sterilization Processes, Low Temperature Sterilization Processes, Logging & Record Keeping (e.g. Sterilization/HLD, Biologicals/Incubation), Handling & Putting Away of Sterile Supplies, Automated/Manual Disinfection, Trouble Shooting (e.g. Aborted/Failed Cycles, Wet Loads, Repairs)
- _____ **4. Storage & Distribution (24 Hours)**
Initials Clean & Sterile, Handling & Putting Away of Sterile Supplies, Rotating Supplies, Inventory & Restocking Carts/Shelves (e.g. Inventory Systems, Par Levels), Event Related Shelf Life / Expiration Dating, Cleaning Storage Shelves, Case Carts (e.g. Assembly, Pick Lists & Locator Systems)
- _____ **5. Quality Assurance Processes (24 Hours)**
Initials Interpreting Manufacturer's IFUs (e.g. Devise Inspection & Testing, Sterilizers), Standards, Regulations, Policies & Procedures, Documentation & Record Keeping (e.g. Management, Area Cleaning), Quality/Functionality Testing Processes (e.g. Sterilizer, Washer Testing, HLD)
- _____ **6. Equipment (16 Hours)**
Initials Cleaning, Inspection and/or Preparation of Patient Care Equipment, Equipment Functionality Check (e.g. Autoclaves, Sterilizers, Washers), Familiarity with Routine Maintenance Guides for Equipment, Equipment Tracking

Printed Name of Applicant Being Verified: _____ IAHCSSM 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 _____ / _____ / _____
Month/Date/Year Mandatory Month/Date/Year Mandatory

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.