

SECTION THREE – Statement of Understanding (To be completed by APPLICANT)

Please note: Your printed name and signature in this section are mandatory in order to test with IAHCSSM

Statement of Understanding

I hereby apply to take the CER 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.

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 IAHCSSM will only release my full exam results directly to me, in written format, at the address provided herein. Results are not available orally or electronically, and can take up to four 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.

Applicant's Printed Name: _____ Signature: _____ Date: _____

SECTION FOUR – Hands-On Experience (To be completed by applicant's MANAGER/SUPERVISOR)

Please note: All information in this section is mandatory and must be completed by the applicant's Manager/Supervisor

The applicant cannot complete any part of this section

CER certification requires a minimum of three months' experience reprocessing endoscopes on a regular basis in a medical center, hospital, surgery center, or independent endoscopic center. This work must have occurred within the past three years at most, and must include hands-on experience in each of the following areas: pre-cleaning, testing, decontaminating, inspecting, disinfecting and/or sterilizing, transporting, and storing endoscopes.

INSTRUCTIONS: This section is to be completed by the department leader who supervised the CER applicant's work/volunteer experience. So long as they are in a position above the applicant, this section can be completed by: Leads, Coordinators, Supervisors, Managers, Directors, Chiefs, Administrators, or Hospital-Based Educators/Trainers. By completing this section the supervisor attests that the employee/volunteer listed below has completed the minimum three months of hands-on reprocessing experience, as outlined above, and will verify as much if called upon. **Every line below must be completed;** missing or illegible information can result in delays in application processing or rejection of the application.

Printed Name of Applicant Being Verified: _____ IAHCSSM ID#: _____
(Leave blank if unknown)

Facility Where Applicant's Experience Was Obtained: _____

Facility Address: _____
(Number, Street, and/or PO Box) (City, State/District & Postal Code) (Country)

Dates When Applicant's Experience Was Obtained (must have occurred within the past 3 years): _____ to _____
(Month / Date / Year) (Month / Date / Year)

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

Printed Name of Supervisor Verifying Experience: _____

Supervisor's Title Within the Department: _____ Date: _____

Supervisor's Signature: _____

Supervisor's Work Phone (with extension): (_____) _____

Supervisor's Hospital-Based Email: _____

Mandatory (personal email accounts, such as gmail, hotmail & yahoo, cannot be used)

PLEASE REMEMBER: The applicant cannot complete any part of this section whatsoever (including their name and facility information.) Doing so will result in the application being returned, unprocessed.