

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.

Please Note: Testing for the CIS pilot exam is only available from June 1-15, 2019, and all pilot exam applications must be received by May 31, 2019.

By submitting this application you agree to test during the above time period. Once your application and payment have been received by IAHCSMM, processing will typically take 5-7 business days. Your scheduling information will then be sent to the email address(es) provided below in Section One. Email notifications will be sent within 24 hours of application processing. Once you receive your scheduling email, it is your responsibility to schedule your exam. Because of the pilot test's limited eligibility period, IAHCSMM **strongly** recommends scheduling an exam appointment as soon as possible after receiving your testing information. (Certification exams **cannot** be given by proctor; to find the closest Prometric testing center to you please visit www.prometric.com/iahcsmm)

The pilot exam is offered outside of the US & Canada for \$100 USD (a \$50 discount on the normal exam fee of \$125.) If testing within the US or Canada, you must submit the US/Canada CIS Pilot Exam Application.

Pass/Fail pilot exam results will not be released until July 31, 2019. Passing the pilot exam will award you CIS certification.

SECTION ONE – Applicant Information (To be completed by APPLICANT)

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

First Name(s): _____ Last Name(s): _____
(As appearing on your primary government issued photo ID) (As appearing on your primary government issued photo ID)

Name of Current Facility: _____ IAHCSMM ID# _____
(Leave blank if unknown)

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

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

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

Home or Cell Phone: (_____) Work Phone: (_____) Ext: _____

Home Email: _____ Work Email: _____
(At least one email address, either home or work, is **mandatory**) (At least one email address, either home or work, is **mandatory**)

Your exam scheduling information will be sent to the email address(es) listed above.

SECTION TWO – Payment Information (To be completed by APPLICANT or PAYMENT PROVIDER)

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

The pilot examination fee **outside** of the United States & Canada is **\$100 USD**. Payment must be submitted, along with this application, in the form of: Credit/Debit Card or Money Order (made payable in US dollars) **Application & payment must be received by May 31, 2019.**

- I am submitting a money order, made payable to IAHCSMM, by mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601, USA
 I am submitting the credit/debit card information below and give permission for my card to be charged \$100 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, USA

Credit/Debit Card Holder's Printed Name: _____

Credit/Debit Card Number: _____ Expiration: _____
(Month/Year)

Credit/Debit Card Holder's Signature: _____ CV2#: _____

PLEASE NOTE: This application is **only** for those individuals testing **outside** of the United States & Canada
For those testing **within** the US or Canada, please download the CIS (US/Canada) application from IAHCSMM.org

SECTION THREE – Background Requirements

Current and full CRCST status is required in order to apply for the Certified Instrument Specialist Pilot Exam.

If you do not already hold CRCST status then you would need to achieve full CRCST certification before you apply for the CIS pilot examination.

SECTION FOUR – Statement of Understanding (To be completed by 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 CIS pilot 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 not be issued for the CIS pilot exam until July 31, 2019, 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.

Printed Name: _____ **Signature:** _____ **Date:** _____

SECTION FIVE – Hands-On Experience (To be completed by 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 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 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

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

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

_____ **3. Instrument Information System Management (12 Hours)**
Initials Packaging Back Up Instrument System Maintenance, Form Maintenance, Change Notification Systems, Implant Replenishment, Loaner Instrument Processes

_____ **4. Surgery Observation (4 Hours)**
Initials 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: _____ 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 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.