Certified Registered Central Service Technician (CRCST) certification is designed to recognize entry level and existing technicians 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 sent to the email address(es) provided on the application. Once you receive your scheduling email, it is your responsibility to schedule your exam. Please Note: Certification exams cannot be given by proctor; you must test at a Prometric Testing Center. To find the closest testing center to you please visit www.prometric.com/iahcsmm.

This application is for those testing outside of the United States & Canada; if you will be testing in either of those countries, please do not use this form.

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)
Name of Current Facility: ___________________________ IAHCSMM ID # __________________
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: __________________
Primary/Preferred Email: ___________________________ Secondary/Alternate Email: ___________________________
(As it appears on your primary government issued photo ID)
Your exam scheduling information will be sent to the email address(es) 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 for those testing outside of the United States & Canada is $150 USD. Payment must be submitted, along with this application, in the form of: Credit/Debit Card or Money Order (made payable in US dollars.) Payment cannot be made by phone.

☐ 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 $150 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#: ___________________________
(Handwritten Signature Required)
Upon passing the CRCST exam, you will be granted one year of complimentary membership with IAHCSMM in addition to your certification. It is not required that you become an IAHCSMM member before taking the exam, nor is it required for you to maintain membership with IAHCSMM 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 IAHCSMM Membership after passing the CRCST exam
- No; I do not wish to receive complimentary IAHCSMM Membership after passing the CRCST exam

<table>
<thead>
<tr>
<th>SECTION THREE – Statement of Understanding (To Be Completed By the Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please Note:</strong> Your signature in this section is mandatory in order to test with IAHCSMM</td>
</tr>
</tbody>
</table>

**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 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.

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 IAHCSMM 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 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. 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.)*
SECTION FOUR – Hands-On Experience (To Be Completed By the Applicant’s Manager/Supervisor)

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 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 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)
   - 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
   - Initials

2. Preparing & Packaging Instruments (120 Hours)
   - Identification, Inspection/Testing of Instruments, Inspection/Testing of Containers & Wrapping Material, Assembly, Packaging Techniques (e.g. Pouches, Flat Wraps, Rigid Containers), Labeling
   - Initials

3. Sterilization & Disinfection (96 Hours)
   - 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)
   - Initials

4. Storage & Distribution (24 Hours)
   - 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)
   - Initials

5. Quality Assurance Processes (24 Hours)
   - 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)
   - Initials

6. Equipment (16 Hours)
   - 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
   - Initials

Printed Name of Applicant Being Verified: ________________________________
IAHCSMM 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

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.

IAHCSMM 55 West Wacker Drive, Suite 501, Chicago, IL 60601 Toll-Free Phone: 800.962.8274 Fax: 312.440.9474 Email: certification@iahcsmm.org