

**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 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](http://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) (As it appears 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: \_\_\_\_\_

Primary/Preferred Email: \_\_\_\_\_ Secondary/Alternate Email: \_\_\_\_\_  
(Optional) (Optional)

**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](mailto: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 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.)

## 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 IAHCMM 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: \_\_\_\_\_ IAHCMM 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.