



INSTRUCTIONS: This section is to be completed by the Manager/Supervisor who directly oversaw the provisional certificant'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 IAHC SMM certification and will verify as much if called upon. The certificant **cannot** complete any part of this form, whatsoever, and every line below must be completed, which includes initialing each area of experience to indicate that it has been completed.

Hands-On Experience Documentation (To Be Completed By the Provisional Certificant's Manager/Supervisor)
Please Note: All information on this form must be completed/initialed, and **no** part of the form can be completed by the certificant

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 certificant 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 Certificant Being Verified: _____ IAHC SMM ID#: _____
(Leave blank if unknown)

Facility Where Certificant's Experience Was Obtained: _____

Facility Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____

Dates When Certificant's Experience Was Obtained (must have occurred within the past 5 years): _____ / _____ / _____ to _____ / _____ / _____
Month/Date/Year Mandatory Month/Date/Year Mandatory

Is the Certificant 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 certificant **cannot** complete any part of this section, whatsoever (not even their name or facility information.) Doing so may result in the form being returned, unprocessed.