

Provisional Certification with IAHCSMM

How does provisional certification work?

Upon passing the CRCST exam, provisional applicants will be granted certification with IAHCSMM for six months. By the end of that time period, provisional certificants must have completed 400 hours of hands-on experience in a Central Service department, and submit documentation of that experience to IAHCSMM using the Provisional Certification Authentication form provided on the back of this letter. This experience may be obtained on a paid or volunteer basis in the CS department of a hospital or surgery center. Applicants do not have to wait until they test to begin accumulating their experience, and IAHCSMM strongly encourages that those pursuing provisional certification begin working or volunteering as soon as possible. Once complete, this form can be returned to IAHCSMM by mail (55 W Wacker Dr, Suite 501, Chicago, IL 60601), fax (1.312.440.9474), or email (certification@iahcsmm.org). Once IAHCSMM receives documentation of a provisional certificant's 400 hours they will then be issued full certification.

Please Note: Hands-on experience may be divided among more than one facility. Each facility must complete a copy of the form and indicate exactly how many hours were done in each area, at each facility. Additionally, if an applicant wishes to complete their hands-on experience in a dental, optical, or veterinary clinic (ie any facility other than a hospital or surgery center), the facility must first be approved by IAHCSMM. To receive the necessary paperwork to have a non-traditional facility reviewed, the applicant must contact IAHCSMM *before* beginning to accrue experience at the facility in question.

Are provisional certificants considered certified?

Upon passing their exam, provisional applicants are considered certified, and may use and/or display the title of Provisional CRCST (or Provisionally Certified Registered Central Service Technician) for the next six months. Upon submission of their completed 400 hours of hands-on experience provisional certificants will be updated to full CRCST status. If a provisional certificant does not complete and submitted documentation of their hands-on experience by the end of this six month period then they must discontinue use of the Provisional CRCST title.

Where should provisional applicants look for work or volunteer opportunities?

While IAHCSMM does not have job placement services, or contract with any healthcare facilities, facilities are able to list positions available through the **Career Center** at IAHCSMM.org (under the **Resources** tab.) This is by no means an exhaustive list, and applicants may also wish to check job posting websites such as monster.com and indeed.com to further research local openings. We also suggest reaching out to local hospitals and surgery centers to see who might be hiring or accepting volunteers (IAHCSMM does not participate in the hiring practices of healthcare facilities, so applicants will need contact potential employers directly.)

Are provisional certification extensions available?

Once provisional certification is achieved, a one-time, two month extension is available to those who are currently working or volunteering within a CS department and approaching the end of their six month provisional certification period. An extension request must be made *prior* to the expiration of the certificant's provisional status, by the manager/supervisor of the department in which they are completing their hours. Extensions are *not* available to those who are not currently volunteering or employed within a CS department.

What if a provisional certificant is unable to complete their 400 hours?

If a certificant is not able to complete the 400 hours of hands-on experience prior to the six month deadline (granted after they pass the CRCST exam) their certification will be revoked. They are then welcome to sit for the certification exam again as soon as they wish, though an additional application and testing fee will be required.

INSTRUCTIONS: This form 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 form can be completed by: Lead Techs, Coordinators, Supervisors, Managers, Directors, Chiefs, Administrators, or Hospital-Based Educators/Trainers. By completing this form 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. Every line below must be completed, which includes initialing each area of experience to indicate that it has either been completed or redistributed (but only if such an option is listed.) If hours are redistributed, please indicate as such in the + _____ field following the appropriate area(s) of experience.

*Please Note: Multiple copies of this form must be used if hours are completed in more than one facility (with each facility documenting exactly how many hours were completed in each area.)

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 this form can be completed by the certificant

Manager/Supervisor Initials

- _____ **1. General Cleaning (32 Hours) + _____**
Instruments – Utensils – Specialty Items, Operation of Mechanical Washers
- _____ **2. Wrapping Packaging (36 Hours) + _____**
Packaging Techniques, Pouches, Flat Wraps, and Rigid Containers; Label/Expiration Dates, etc
- _____ **3. Assemble Instrument/Procedure Trays (60 Hours) + _____**
Assembly/Layout, Inspection, Identification, Use
- _____ **4. Sterilization (64 Hours) + _____**
High & Low Temp Sterilization Processes, Sterilization QA Systems, Record Keeping, Handling/Putting Away Sterile Supplies, Dust Covering
- _____ **5. Storage Clean & Sterile (36 Hours)**
Rotating Supplies, Inventory and Restocking Carts/Shelves, Outdates, Cleaning Storage Shelves
- _____ **6. Miscellaneous (40 Hours)**
Quality Assurance Processes, Blood Borne Pathogen Protocols, Soiled Equipment Pick-Up, Standards, Regulations, Policies & Procedures
- _____ **7. Patient Care Equipment (32 Hours)**
Cleaning – Assembly/Testing Identification, Suction Units, IV Infusion/Patient-Controlled Analgesia Pumps, Hypothermia Units, Hot or Cold Therapy Devices, Infant Incubators, Respirators, Portable Equipment from the OR
Note: If Department does not reprocess PCE, these hours must be added to General Cleaning; initial to the left & indicate above where hours were added
- _____ **8. Linen Folding (36 Hours)**
Inspection, Folding Drapes/Wrappers, Towels, etc.
Note: If Facility does not reuse linen, these 36 Hours must be divided in half and added to General Cleaning [18 additional hours] and Assemble Instrument/Procedure Trays [18 additional hours]; initial to the left & indicate above where hours were added
- _____ **9. Case Carts (32 Hours)**
Assembly, Pick Sheets, Cover and Transport to OR
Note: If Facility does not use Case Carts, these 32 Hours must be divided in half and added to Wrapping Packaging [16 additional hours] and Sterilization [16 additional hours]; initial to the left & indicate above where hours were added
- _____ **10. Distribution (32 Hours)**
Par Levels, Point of Use Systems, Exchange Carts, Just-In-Time
Note: If Facility does not use these procedures, these 32 Hours must be divided in half and added to General Cleaning [16 additional hours] and Assemble Instrument/Procedure Trays [16 additional hours]; initial to the left & indicate above where hours were added

Following each of the ten areas of experience are several examples of the types of duties which can be used to fulfil the requirement.

Printed Name of the Certificant Being Verified: _____ IAHCSMM ID#: _____
(Leave blank if unknown)

Facility Where Certificant's Experience Was Obtained: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

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

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: _____

Mgr/Spv's Work Phone (with extension): (_____) _____

Mandatory

Mgr/Spv's Work Email: _____

Personal email accounts cannot be used (such as gmail, yahoo, hotmail, etc)

Please Remember: The certificant *cannot* complete any part of this page whatsoever (including their name or any facility information.) Doing so will result in the form being returned, unprocessed.