



SECTION ONE – Applicant Information (To be completed by APPLICANT)
Please note: Incomplete or illegible applications will be returned, clearly print or type all information

First Name: _____ Last Name(s): _____
(As it appears on your primary photo ID) (As it appears on your primary photo ID)

Street Address: _____ Apt/Floor/Lot/Unit: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ USA or Canada

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

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

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

Home Email: _____ Work Email: _____
(Optional) (Optional)

Your exam scheduling information will automatically be mailed to your home address as listed above. Scheduling info will also be emailed if home and/or work email are provided.

SECTION TWO – Payment Information (To be completed by APPLICANT)
Please note: IAHCSMM does not accept purchase orders of any kind

The examination fee within the United States and Canada is \$125 USD. Payment must be submitted, along with this application, in the form of: Credit Card (US & Canada), Money Order (US & Canada), or Check (US only.) Payment **CANNOT** be made online or by phone.

I am submitting a check or money order, by mail, made payable to: IAHCSMM
Mail to: 213 West Institute Place, Suite 307, Chicago, IL 60610

I am submitting the credit card information below and give permission for my card to be charged \$125 USD:
Fax to: 312-440-9474 or Mail to: 213 West Institute Place, Suite 307, Chicago, IL 60610

Credit Card Holder's Printed Name: _____

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

Credit Card Holder's Signature: _____

SECTION THREE – Type of CRCST (To be completed by APPLICANT)
Please sign only ONE

CRCST certification requires the completion of 400 hours of hands-on experience in a Central Service Department. IAHCSMM recommends that you complete these hours **before** applying to test; by doing so you will be better prepared for your exam and will be granted **Full Certification** upon passing. You also have the option of testing before completing your hours, with the understanding that they must be completed within 6 months of passing your exam. If you choose to test before the completion of your hours you will be granted **Provisional Certification** upon passing.

I am applying for **Provisional Certification**: I will complete 400 hours of hands-on experience, on either a paid or volunteer basis, within 6 months of passing the certification exam. Hours will be accumulated in the specific categories outlined in Section Four of this application. If I fail to submit the documentation of my completed hours to IAHCSMM, prior to the end of the 6 month period, my certification will be revoked. Successful completion of a retake exam would then be required to regain certification and full testing fees would apply.

Applicant's Signature: _____ Date: _____

or

I am applying for **Full Certification**: 400 hours of hands-on experience, as outlined in **SECTION FOUR** of this application, have been completed. Section Four has been completed by the manager/supervisor who witnessed the accumulation of my hours.

Applicant's Signature: _____ Date: _____

If applying for **Provisional Certification** your application is now complete, the 2nd page does not need to be submitted.
If applying for **Full Certification** continue on to the next section, the 2nd page must also be completed and submitted.

SECTION FOUR – Hands-On Experience (To be completed by applicant's MANAGER/SUPERVISOR)

Please note: All information must be completed/initialed

By completing this section you attest that the employee/volunteer listed has completed the minimum 400 hours of hands-on experience required for this IAHCMM certification and will verify as much if called upon.

**Manager/Supervisor
Initials**

- _____ **1. 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
- _____ **2. General Cleaning (32 Hours)**
Instruments – Utensils – Specialty Items, Operation of Mechanical Washers
- _____ **3. Wrapping Packaging (36 Hours)**
Packaging Techniques, Pouches, Flat Wraps, and Rigid Containers; Label/Expiration Dates, etc
- _____ **4. Assemble Instrument/Procedure Trays (60 Hours)**
Assembly/Layout, Inspection, Identification, Use
- _____ **5. Sterilization (64 Hours)**
High Temperature and Low Temperature Sterilization Processes, Sterilization Quality Assurance Systems, Record Keeping, Handling/Putting Away Sterile Supplies, Dust Covering
- _____ **6. Storage Clean & Sterile (36 Hours)**
Rotating Supplies, Inventory and Restocking Carts/ Shelves, Outdates, Cleaning Storage Shelves
- _____ **7. Miscellaneous (40 Hours)**
Quality Assurance Processes, Blood Borne Pathogen Protocols, Soiled Equipment Pick-Up, Standards, Regulations, Policies & Procedures
- _____ **8. Linen Folding (36 Hours)**
Inspection, Folding Drapes/Wrappers, Towels, etc.
(Note: If Facility does not have any reusable linen, these 36 Hours will be divided in half and added to General Cleaning (18 additional hours) and Assemble Instrument/Procedure Trays (18 additional hours)
- _____ **9. Case Carts (32 Hours)**
Assembly, Pick Sheets, Cover and Transport to OR
(Note: If Facility does not use Case Carts, these 32 Hours will be divided in half and added to Wrapping Packaging (16 additional hours) and Sterilization (16 additional hours)
- _____ **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 will be divided in half and added to General Cleaning (16 additional hours) and Assemble Instrument/Procedure Trays (16 additional hours)

Printed Name of Applicant Whose Experience You Are Verifying: _____

Printed Name of Manager/Supervisor Verifying Experience: _____ Date: _____

Manager/Supervisor's Work Title: _____ Signature: _____

Facility Where Experience Was Obtained: _____

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

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

Work Phone (with extension): (_____) _____ Work Email: _____

Is Applicant a Current Employee of above Facility? Yes No

IAHCMM complies with the Americans with Disabilities Act (ADA) and is interested in ensuring that no disabled individual is deprived of the opportunity to take an examination solely by reason of that disability. IAHCMM will arrange to provide special testing accommodations for those individuals with a condition or disability as defined under the ADA. Accommodations will be provided at a designated testing center at no additional cost to the applicant. IAHCMM's "Americans with Disabilities Policy Statement" can be found in full on our website at www.iahcmm.org/Downloads/ADA-Policy.html. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you contact IAHCMM to request a Special Accommodations form, to be completed and submitted with your application.

Completing the CRCST Exam Application

Please note: This information is for your records and does NOT need to be submitted with your exam application

IAHCSMM certification exams are available almost every day of the year. When you submit an exam application you will be granted a 90 day eligibility during which you can choose any day and test center location that suits you for your exam. IAHCSMM tests are given exclusively at Prometric testing centers, which are located all over the country and are typically open at least 6 days a week. **No testing eligibility extensions are available**, so please do not submit your application until you are finished studying and ready to take the certification exam within the next 90 days.

Be sure to clearly print or type all information on the application. Illegible or cursive writing will lead to delays and may result in an inability to process your request to take the exam. The first three sections of the application must be completed, in full, by the person applying to test. Any of these sections submitted as blank or missing information will result in your application being returned to you.

Your first and last name(s), as listed in **SECTION ONE**, must match exactly the name presented on your identification at the testing center. Middle names/initials are not important and will not be checked. For example:

If the Name on Your ID is:

- John A. Doe
- Jane B. Doe-Smith
- John C. Doe Jones
- Jane Ann D. Doe
- John E. Doe Jr
- J. Francine Doe

Then List it in Section One as:

- John Doe
- Jane Doe-Smith
- John Doe Jones
- Jane Ann Doe
- John Doe Jr
- J. Francine Doe

If you are not currently employed or do not have or know your IAHCSMM ID# then those lines can be left blank.

Payment must be rendered, in full, at the time of the submission of your application. The full exam fee is required for every exam taken (including any retake attempts.) Exams received without payment cannot be processed and will be returned. Likewise, payments received without an application will also be returned. If paying by credit card be sure to include the card holder's name and the card expiration date as indicated in **SECTION TWO**. The card holder does not have to be the same person as the applicant. All Canadian payments must be made by either credit card or a money order made out in US funds. IAHCSMM cannot accept cash or checks drawn on non-US currencies.

Please note: all requests for refunds must be made **within** 7 days of the start of your testing window and **before** an exam appointment has been made.

You must sign one, and only one, line in **SECTION THREE** indicating if you are testing for Full or Provisional Certification. If you have not yet completed the required 400 hours of hands on experience then indicate you are applying for **Provisional Certification**. You are then finished with the application and do not need to submit the 2nd page. If you have completed your 400 hours then choose **Full Certification** and have your manager/supervisor complete the 2nd page. Please note: if you sign for Full Certification but your manager/supervisor does not provide all of the required information indicated in Section Four then your application will be processed as Provisional.

If you have finished your 400 hours then your immediate manager or supervisor must complete **SECTION FOUR** to document your experience (which must have been accrued within the past 5 years.) An individual in a leadership role within the department **cannot** document their own experience; they are still required to have their immediate manager or supervisor complete this section. Provided they are in a position above your own then experience hours can be documented by:

- Lead Techs
- Coordinators
- Supervisors
- Managers
- Directors
- Administrators
- Hospital Educators, Trainers, Preceptors, or Mentors
- Pre-Approved College Instructors

Hours **cannot** be documented by fellow technicians or private instructors. Multiple copies of page 2 may be used if your hours were completed in more than one facility. In order to verify experience, all contact information provided for the manager or supervisor documenting your 400 hours must be current or your application will be rejected.

Once your application and payment have been received in our office, processing will take approximately 1-2 business days. Information on scheduling your exam, available testing dates and locations, and the testing process will be mailed to the address provided on the application. Please allow an additional 3-5 business days for this information to be delivered by the United States Postal Service. You may also request the information be sent to you electronically by providing an email address as indicated in Section One. Email notifications will be sent within 24 hours of application processing. Scheduling information **cannot** be given by phone.

Once you receive your scheduling letter or email, it is your responsibility to schedule your exam. Contact information will be provided for you to schedule your exam, online or by phone, at the nearest Prometric testing site. Further, it is your responsibility to arrange your own transportation to/from the testing site, arrive on time, and provide acceptable forms of identification.

Please be aware, failure to schedule and take an exam within the allotted 90 day window, missing or arriving late for an appointment, or presenting ID that is unacceptable, expired, or does not match your registered name (as provided in Section One), will all prohibit you from testing and effectively close your testing window. Your exam fee will be forfeited and the application process must be repeated.

The exam is computer based and no writing instruments are needed (a written version of the exam is **not** available.) You will receive a pass/fail notification immediately upon completing your test.

One year of complimentary membership will be granted upon passing the CRCST exam. There is no need to purchase membership before testing. More information regarding the testing process will be sent to you with your scheduling letter/email.