The **Certified Registered Central Service Technician** (CRCST) certification program is designed to recognize individuals who have demonstrated the experience, knowledge, and skills necessary to provide competent services as a central service technician. CRCST's 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 completion of hands-on work experience as well as successful completion of an examination developed to measure the understanding of general central services and infection prevention topics. CRCST certificants are required to recertify annually through completion of continuing education requirements.

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**SECTION ONE – Applicant Information (To be completed by APPLICANT)**

Please note: Incomplete or illegible applications will be returned, clearly print all information.

- **First Name:** ____________________________  **Last Name(s):** ____________________________
  (As it appears on your primary government issued photo ID)
- **Street Address:** ____________________________  **Apt/Floor/Lot/Unit:** ____________________________
- **City:** ____________________________  **State/Province:** ____________________________  **Zip/Postal Code:** ____________________________  USA or Canada
- **Current Position (circle one):**  
  - **Student**
  - **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*

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

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**SECTION TWO – Payment Information (To be completed by APPLICANT)**

Please note: IAHCSMM does not accept purchase orders of any kind; payment must be submitted along with this application.

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/Debit 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, made payable to IAHCSMM, by mail to: 55 W Wacker Dr, Suite 501, Chicago, IL 60601
- I am submitting the credit/debit card information below and give permission for my card to be charged $125 USD:
  - Fax to: 1-312-440-9474 or Mail to: 55 W Wacker Dr, Suite 501, Chicago, IL 60601

- **Credit/Debit Card Holder’s Printed Name:** ____________________________
- **Credit/Debit Card Number:** ____________________________  **Expiration:** (Month/Year)

- **Credit/Debit Card Holder’s Signature:** ____________________________

IAHCSMM 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. IAHCSMM 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. IAHCSMM’s “Americans with Disabilities Policy Statement” can be found in full at www.iahcsmm.org and in the Certification Handbook. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you contact IAHCSMM to request a Special Accommodations form, to be completed and submitted with your application.
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

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SECTION THREE – Statement of Understanding (To be completed by APPLICANT)

Please note: Your signature in this section is mandatory in order to test with IAHCSMM

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 www.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.

Release of Exam Results
I understand that a Pass/Fail notice will be issued 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. Results 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 www.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.

Applicant's Printed Name: ____________________________________ Signature: ____________________________________ Date: ___________

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SECTION FOUR – 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 strongly 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 do 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. Please be aware that IAHCSMM does not provide placement services; it is your responsibility to find a department in which to complete your hours.

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

Applicant’s Signature: ____________________________________ Date: ____________________

or

☐ 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 Five of this application. If I fail to complete and submit documentation of these hours to IAHCSMM prior to the end of the 6 month period, my certification will be revoked. Successful completion of a retake exam will then be required to regain certification and full testing fees would apply.

Applicant’s Signature: ____________________________________ Date: ____________________

If applying for Full Certification please continue on to the next section, the 3rd page must also be completed and submitted. If applying for Provisional Certification your application is now complete, the 3rd page of this application does not need to be submitted.
SECTION FIVE – Hands-On Experience (To be completed by 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. Provided they are in a position above the applicant, experience hours can be documented by: Lead Techs, Coordinators, Supervisors, Managers, Directors, Chiefs, Administrators, Hospital Educators, Trainers, Preceptors, and Pre-Approved College Instructors.

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. Every line of this form must be completed, and every area of experience must be initialed, to indicate that each area 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 of experience.

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)
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 will 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 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]; 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 will 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 will 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)

Printed Name of Applicant Whose Experience Is Being Verified: ____________________________________________________________

Printed Name of Manager/Supervisor Verifying Experience: ____________________________________________________________ Date: __________

Mgr/Spv’s Department Title: ___________________________________ Mgr/Spv’s Signature: __________________________

Facility Where Applicant's Experience Was Obtained: _________________________________________________________________

Facility Address: ___________________________________________ City: ___________ State: ______ Zip: __________

Dates When Applicant’s Experience Was Obtained (must have occurred within the past 5 years): _______ to _______

   Mandatory (Month/Date/Year)   Mandatory (Month/Date/Year)

Mgr/Spv’s Work Phone (with extension): (__________)_______________________________

Mgr/Spv’s Work Email: _____________________________________________________________

Is Applicant a Current Employee of the Above Facility? Yes ☐ No ☐

Please Note: The applicant cannot complete any part of this page. Doing so will result in the application being returned, unprocessed.

Once an application and payment have been received in our office, processing will take approximately 2-3 business days. Information on your 90 day exam eligibility period, 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 US 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/email, it is your responsibility to schedule your exam.