



CERTIFIED CENTRAL SERVICE VENDOR PARTNER EXAMINATION APPLICATION

Instrumental to Patient Care®

Incomplete applications will be returned. Complete all sections exactly to avoid disappointment. Please type or clearly print all information.

Section One – Applicant Information

Name _____
First and Last ONLY (as it appears on your primary photo ID)

Home Address: _____
Number & Street City, State, and Zip

Email: _____ **Please email my confirmation (Check here)**

Contact Information (please print clearly): () ()
Home Phone Fax

Employer _____

Position _____

Supervisor _____ Supervisor's Email _____

Section Two – Payment Information (Note: IAHCSMM does not accept purchase orders of any kind)

**Examination Fee is included in the purchase price for one (1) grading of the certification exam.
If you are retaking the exam, the fee is \$105.00 USD.**

You must include the fee of \$105.00 with this application (ONLY IF YOU ARE RETAKING THE EXAM), in the form of: Personal Check, Money Order, or Credit Card.

- My check or money order is enclosed, and made payable to: IAHCSMM
- My credit card is to be charged, and I have supplied ALL necessary information below: Visa MasterCard American Express Discover

Name: _____
Please print name as it appears on credit card

_____ Credit Card Account Number Expiration CVV2 Number (3-4 digit security code)

_____ Signature

**Return applications with payment to: IAHCSMM, 213 West Institute Place, Suite 307, Chicago, IL 60610
Or Fax to: 312-440-9474 Attn: Examinations**

Section Three – Requirements to Apply for the CCSVP Exam

- Applicants for the CCSVP Exam must be currently employed by a company that provides CS-related products or services.
- Applicants must have successfully completed the IAHCSMM Online Central Service Vendor Partner Education Program.
- Applicants must have completed 32 hours of Clinical Observation Experience as outlined below.

All applicants must complete the reverse side of this application to indicate hours of clinical observation experience and location of hospital where clinical observation experience was earned (failure to complete the second page of the application will mark the application as incomplete, and will be returned to sender along with the received payment).

(OVER)

Clinical Observation Experience:

A minimum of 32 hours of clinical observation must be documented prior to applying to take the CCSVP Certification Exam. The hours must be split equally between two healthcare facilities and should be divided as outlined below. All hours must be documented by a department manager/supervisor. Applications submitted without complete documentation of clinical observation hours will not be processed.

Section Four A – Clinical Observation Verification - Facility One

Healthcare Facility: _____

Department (CS, CSPD, SPD, Etc.) _____

Address: _____
Number & Street City, State, and Zip (or Postal Code)

I certify that, _____ has completed the required 16 hours of clinical observation of CS work practices in my department as outlined below.

Signature: _____ Name (Please Print) _____

Job Title: _____ Email _____

Telephone: _____

Decontamination (5 hours)

Manual Cleaning Processes, Mechanical Cleaning Processes, and DisinfectionSupervisor Initials _____

Inspection, Assembly and Packaging (5 hours)

Instrument Inspection, Testing, and Assembly, and Packaging MethodsSupervisor Initials _____

Sterilization (4 hours)

High and Low Temperature Sterilization and Sterility Assurance SystemsSupervisor Initials _____

Sterile Storage and Distribution Systems (2 hours)

Sterile Storage, Inventory Management, and Distribution SystemsSupervisor Initials _____

Section Four B – Clinical Observation Verification - Facility Two

Healthcare Facility: _____

Department (CS, CSPD, SPD, Etc.) _____

Address: _____
Number & Street City, State, and Zip (or Postal Code)

I certify that, _____ has completed the required 16 hours of clinical observation of CS work practices in my department as outlined below.

Signature: _____ Name (Please Print) _____

Job Title: _____ Email _____

Telephone: _____

Decontamination (5 hours)

Manual Cleaning Processes, Mechanical Cleaning Processes, and DisinfectionSupervisor Initials _____

Inspection, Assembly and Packaging (5 hours)

Instrument Inspection, Testing, and Assembly, and Packaging MethodsSupervisor Initials _____

Sterilization (4 hours)

High and Low Temperature Sterilization and Sterility Assurance SystemsSupervisor Initials _____

Sterile Storage and Distribution Systems (2 hours)

Sterile Storage, Inventory Management, and Distribution SystemsSupervisor Initials _____

All applicants must complete this side of the application to indicate hours of clinical observation experience and location of hospital where clinical observation experience was earned (Failure to complete the second page of the application will mark the application as incomplete, and will be returned to sender along with the received payment).

Notification of eligibility dates for the examination and scheduling information will be mailed to the address listed in Section 1 of the application. To ensure faster delivery, be sure to indicate you wish an additional email confirmation (Section 1) and provide a valid email address.

To receive the \$105 rate for examinations, your exam must be taken at a Prometric testing site in the United States (continental plus Alaska, Hawaii and Puerto Rico) or Canada. Overseas testing for the CCSVP examination is not currently available.

The IAHCMM complies with the Americans with Disabilities Act and is interested in ensuring that no disabled individual is deprived of the opportunity to take an examination solely by reason of that disability. Special testing accommodations may be made for these individuals. If you require special accommodations, please request a Special Accommodations Form from IAHCMM and submit with your application. (All special accommodation requests must be provided with each application submitted; applications received without this request will not be eligible for special accommodations).