



# ALTERNATIVE CERTIFICATION APPLICATION

Alternative Certification

Applicants wishing to transfer certification to IAHCSMM from other organizations must complete ALL APPLICABLE SECTIONS of the following application. Follow instructions carefully to expedite processing. Please type or clearly print all information. **A processing fee has been waived during this extended Promotional Period.**

Name: \_\_\_\_\_  
First Middle Last

Home Address Number and Street City State/Province Zip/Postal Code Country (if Canada or Overseas)

Contact Information: \_\_\_\_\_  
Home Phone Work Phone E-Mail

Current Title/Position in Hospital \_\_\_\_\_

## Section One – Proof of Certification in Central Service

All transfer requests **must** include a copy of an authorized, signed and dated current (non-expired) Certificate or a copy of a current (non-expired) Membership Card with an alternative Certifying Board. **If all certificates or membership cards required are not attached, the application will be marked incomplete and returned to sender, and certification will not be transferred.**

If transferring multiple certifications, you must include separate certificates or membership cards per certification transfer request.

- Transfer to IAHCSMM CRCST certification**
  1. Certificate or membership card provided must indicate specific technical training in the CS field; management/supervisory certifications are not valid for transfer to CRCST certification
  2. Complete Sections 1, 2, 3, and 4 of this application
- Transfer to IAHCSMM CIS certification**
  1. You must already hold IAHCSMM CRCST certification **OR** also check off that you are transferring to CRCST certification at the same time as this transfer request: see submission requirements above for transferring to CRCST certification
  2. Certificate or membership card provided must indicate certification with a focus on Instrumentation
  3. Complete Sections 1, 3, 4 and 5 of this application
- Transfer to IAHCSMM CHL certification**
  1. You must already hold IAHCSMM CRCST certification **OR** also check off that you are transferring to CRCST certification at the same time as this transfer request: see submission requirements above for transferring to CRCST certification)
  2. Certificate or membership card provided must indicate certification focusing on Supervisory/Management skills
  3. Complete Sections 1, 3 and 4 of this application

## Section Two - Verification of a minimum of 400 hours of "Hands-on" experience (for transferring CRCST certification only)

These hours must be applied to the specific areas mentioned below, and each hour grouping must be initialed by a Central Service Supervisor/Manager. **If not initialed on each line, the application will be marked as incomplete and returned to sender, and certification will not be transferred.**

- I. Patient Care Equipment (32 Hours)** .....  Initials \_\_\_\_\_  
*(Cleaning-Assembly/Testing Identification)*
- II. General Cleaning (32 Hours)** .....  Initials \_\_\_\_\_  
*(Instruments-utensils-specialty items, Operation of Mechanical Washers)*
- III. Wrapping Packaging (36 Hours)** .....  Initials \_\_\_\_\_  
*(Packaging Techniques; Pouches, Flat Wraps, and Rigid Containers; Label/Expiration Date, etc.)*
- IV. Linen Folding (36 Hours)**.....  Initials \_\_\_\_\_  
*(Inspection, Folding Drapes/Wrappers, Towels, etc.)*  
*Note: If Facility does not have any reusable linen, these 36 hours will be divided in half (18 hours) and added to General Cleaning and Instrument/Procedure Trays*
- V. Assemble Instrument/Procedure Trays (60 Hours)** .....  Initials \_\_\_\_\_  
*(Assembly/Layout, Inspection, Identification, Use)*
- VI. Sterilization (64 Hours)**.....  Initials \_\_\_\_\_  
*(High Temperature and Low Temperature Sterilization Processes, Sterilization Quality Assurance Systems, Record Keeping, , Handling/Putting Away Sterile Supplies, Dust Covering)*
- VII. Storage Clean & Sterile (36 Hours)** .....  Initials \_\_\_\_\_  
*(Rotating Supplies, Inventory and Restocking Carts/Shelves, Outdates, Cleaning Storage Shelves)*
- VIII. Case Carts (32 Hours)** .....  Initials \_\_\_\_\_  
*(Assembly, Pick Sheets, Cover and Transport to OR)*  
*Note: If Facility does not use case carts, these 32 hours will be divided in half (16 hours) and added to Wrapping/Packaging and Sterilization*
- IX. Distribution (32 Hours)** .....  Initials \_\_\_\_\_  
*(Par Levels, Point of Use Systems, Exchange Carts, Just In Time)*  
*Note: If Facility does not use this procedure, these 32 hours will be divided in half (16 hours) and added to General Cleaning and Instrument/Procedure Trays*
- X. Miscellaneous (40 Hours)** .....  Initials \_\_\_\_\_  
*(Quality Assurance Processes, Blood Borne Pathogen Protocols, Soiled Equipment Pick-Up, Standards, Regulations, Policies and Procedures)*

**Section Three - Proof of 12 contact hours in the past 12 months (for transferring any certification)**

You must submit 12 points to transfer CRCST, 6 points to transfer CIS and 6 points to transfer CHL  
(you may submit inservices/staff meetings separately on hospital letterhead, signed by your Supervisor or Manager)

You may also attach copies of certificates of achievement to indicate points accrued in the past year. ***If contact hours are not properly reported, the application will be marked as incomplete and returned to sender, and certification will not be transferred.***

**I. IAHCMM Lesson Plans**

(scores sent electronically to IAHCMM for quizzes taken online at www.iahcsmm.org) \_\_\_\_\_

**II. Seminars Attended** (Attach copies of all certificates; 1 point per contact hour unless noted)

Date \_\_\_\_\_ Hours Attended \_\_\_\_\_ Date \_\_\_\_\_ Hours Attended \_\_\_\_\_  
Topic \_\_\_\_\_ Topic \_\_\_\_\_  
Date \_\_\_\_\_ Hours Attended \_\_\_\_\_ Date \_\_\_\_\_ Hours Attended \_\_\_\_\_  
Topic \_\_\_\_\_ Topic \_\_\_\_\_

**III. College Courses** (Attach copy of validated transcript; 6 points per course with grade of C or better)

Name of Course Pertaining to CS \_\_\_\_\_ Grade \_\_\_\_\_  
Name of Course Pertaining to CS \_\_\_\_\_ Grade \_\_\_\_\_

**IV. Inservices/Staff Meetings** (Must pertain to CS; 1 point per contact hour, use hospital letterhead if necessary for additional listings)

Date \_\_\_\_\_ Hours Attended \_\_\_\_\_ Topic \_\_\_\_\_  
Date \_\_\_\_\_ Hours Attended \_\_\_\_\_ Topic \_\_\_\_\_  
Date \_\_\_\_\_ Hours Attended \_\_\_\_\_ Topic \_\_\_\_\_  
Date \_\_\_\_\_ Hours Attended \_\_\_\_\_ Topic \_\_\_\_\_  
Date \_\_\_\_\_ Hours Attended \_\_\_\_\_ Topic \_\_\_\_\_  
Date \_\_\_\_\_ Hours Attended \_\_\_\_\_ Topic \_\_\_\_\_

**Section Four – Supervisor Verification (for transferring any certification):**

This information is to be completed by the candidate's immediate supervisor (or person with authority to sign-off on hours of experience and contact hours of continuing education). ***If IAHCMM does not have a valid method to contact the immediate supervisor to verify information listed, the application will be marked incomplete and returned to sender, and certification will not be transferred.***

**I. Hospital where candidate's experience was obtained:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Experience: \_\_\_\_\_

**II. Person verifying experience:**

\_\_\_\_\_ Print Name \_\_\_\_\_ Print Title \_\_\_\_\_ Signature \_\_\_\_\_

**III. Contact Information:** \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Section Five – Verification of Additional 200 Hours Hands-On Experience (for transferring CIS certification only)**

A minimum of 200 hours "Hands-On" experience must be documented prior to taking the IAHCMM CIS Exam. These hours must be applied to the specific areas mentioned below and each checked off and initialed by an immediate Central Service Supervisor/Manager.

- I. Instrument Decontamination (92 Hours)** .....  Initials \_\_\_\_\_  
(Disassembly, Manual and Mechanical Cleaning Processes)
- II. Instrument Assembly (92 Hours)** .....  Initials \_\_\_\_\_  
(Identification, Inspection, Testing, Assembly, Packaging)
- III. Instrument Information System Management (12 Hours)** .....  Initials \_\_\_\_\_  
(Back Up Instrument System Maintenance, Form Maintenance, Change Notification Systems, Implant Replenishment, Loaner Instrument Processes)
- IV. Surgery Observation (4 Hours)** .....  Initials \_\_\_\_\_  
(Applicants should observe room set up, sterile field set up, handling of instruments during surgery, instrument request processes, and care of instruments at the end of procedures)

**Return applications to:**  
**IAHCMM, 213 West Institute Place, Suite 307, Chicago, IL 60610**  
**(800) 962-8274 • Fax: (312) 440-9474 • mailbox@iahcsmm.org**