

# Provisional Certification Authentication Form

Revised January 2025



## INFORMATION ON YOUR 6 MONTH HSPA PROVISIONAL CERTIFICATION

### How does provisional certification work?

Upon passing your CRCST exam you will be granted provisional certification with HSPA for six months. By the end of that time you must have completed 400 hours of hands-on experience in a Sterile Processing department, and submit documentation of that experience to HSPA using the Provisional Certification Authentication form provided on the next page. This experience may be obtained on a paid or volunteer basis in the SP department of a hospital or surgery center. You do not have to wait until you test to begin accumulating your hours, and we strongly encourage you to begin working or volunteering as soon as you are able. Once complete, this form can be returned to HSPA by mail (55 W Wacker Dr, Suite 501, Chicago, IL 60601), fax (1.312.440.9474), or email (certification@myhspa.org). Upon receiving the documentation of your 400 hours you will then be issued full certification.

**Please Note:** Your experience may be divided among more than one facility, simply have each facility complete a copy of the form and indicate exactly how many hours were done in each area, at each facility. Additionally, if you wish to complete your 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 HSPA. To receive the necessary paperwork to have a non-traditional facility reviewed, please contact HSPA before you begin accruing your hours.

### Where should I look for work or volunteer opportunities?

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

### Are provisional certification extensions available?

A one-time, two month extension is available to those who are currently working or volunteering within an SP department and approaching the end of their six month provisional certification period. An extension request must be made prior to the expiration of your provisional status, by the manager/supervisor of the department in which you are completing your hours. Extensions are not available to those who are not currently volunteering or employed within a SP department.

### What if I am unable to complete my 400 hours?

If you are not able to complete the 400 hours of hands-on experience prior to the six month deadline (granted after you pass the CRCST exam) your certification will be revoked. You are then welcome to sit for the certification exam again whenever you wish, though please be aware that an additional application and testing fee will be required.

### How do I submit my hours?

Please complete the following page and mail, fax, or email your completed application to:

Mail: **HSPA**  
**55 West Wacker Drive, Suite 501**  
**Chicago, IL 60601**

Fax: **312.440.9474**  
Email: **certification@myhspa.org**

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**TO BE COMPLETED IN FULL BY YOUR MANAGER/SUPERVISOR**

## INSTRUCTIONS

This section 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 section can be completed by: Lead Techs, Coordinators, Supervisors, Managers, Directors, Chiefs, Administrators, or Hospital-Based Educators/Trainers. 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 certification and will verify as much if called upon. The certificant **cannot** complete any part of this form.

## 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 the form can be completed by the certificant.**

**PLEASE INITIAL EACH OF THE 5 AREAS OF EXPERIENCE COMPLETED BELOW (Typed Initials will Not Be Accepted):**

- Section 1: Decontamination Processes (120 Hours)**  
INITIAL **Subcategories:** Performance of Daily Quality Control Testing, Preparation, Equipment Functionality Check (e.g. Washers); Selection of Solutions and Cleaning Implements; Inspection of Washers and Washer Rack Arms for patency; Processing of Time Sensitive Items; Prioritization of Turnover Trays using schedule and verbal communication with the O.R. and Clean Side Leadership; Sorting of Complex Instrumentation; Interpretation of Manufacturer's IFUs; Selection of Washer Cycles; Traceability of Items and Documentation, as needed; Manual Instrument Cleaning Resource (e.g., visual inspection, borescope); Mechanical Cleaning Compatability (e.g. Washers, Ultrasonic Cleaners)
- Section 2: Preparing & Packaging Instruments (120 Hours)**  
INITIAL **Subcategories:** Identification, Inspection/Testing of Instruments, Inspection/Testing of Containers & Wrapping Material, Assembly, Packaging Techniques (e.g. Pouches, Flat Wraps, Rigid Containers), Labeling
- Section 3: Sterilization & Disinfection (120 Hours)**  
INITIAL **Subcategories:** High Temperature Sterilization Processes, Low Temperature Sterilization Processes, Logging & Record Keeping (e.g. Sterilization/HLD, Biologicals/Incubation), Handling & Putting Away of Sterile Supplies, Automated/Manual Disinfection, Trouble Shooting (e.g. Aborted/Failed Cycles, Wet Loads, Repairs), Equipment Functionality Check (e.g. Sterilizers)
- Section 4: Storage & Distribution (24 Hours)**  
INITIAL **Subcategories:** Clean & Sterile, Handling & Putting Away of Sterile Supplies, Rotating Supplies, Inventory & Restocking Carts/Shelves (e.g. Inventory Systems, Par Levels), Event Related Shelf Life/Expiration Dating, Cleaning Storage Shelves, Case Carts (e.g. Assembly, Pick Lists & Locator Systems)
- Section 5: Quality Assurance Processes (16 Hours)**  
INITIAL **Subcategories:** Interpreting Manufacturer's IFUs (e.g. Device Inspection & Testing, Sterilizers), Standards, Regulations, Policies & Procedures, Documentation & Record Keeping (e.g. Management, Area Cleaning), Quality/Functionality Testing Processes (e.g. Sterilizer, Washer Testing, HLD), Familiarity with Routine Maintenance Guides for Equipment, Equipment Tracking

Printed Name of Certificant Being Verified: \_\_\_\_\_ HSPA ID#: \_\_\_\_\_  
Leave blank if unknown

Facility Where Certificant's Experience Was Obtained: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Dates When Certificant's Experience Was Obtained (must have occurred within the past 5 years): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is the Certificant a Current Employee of the Facility? ☐ Yes ☐ No Month / Date / Year      Month / Date / Year

Printed Name of Manager/Supervisor Verifying Experience: \_\_\_\_\_

Current Position/Title of Manager/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Select one: ☐ Educator ☐ Lead Tech ☐ Coordinator ☐ Supervisor ☐ Manager

☐ Director ☐ Chief ☐ Administrator ☐ Other \_\_\_\_\_

Manager/Supervisor's Work Phone (with extension): (\_\_\_\_\_) \_\_\_\_\_  
Personal phone numbers cannot be used (such as home or mobile)

Manager/Supervisor's Work Email: \_\_\_\_\_  
Personal email accounts cannot be used (such as gmail, yahoo, hotmail, etc)

I attest that the applicant listed above has completed the minimum 400 hours of hands-on experience required for the Certified Registered Central Service Technician (CRCST) certification. I further understand that I may be called upon to verify this information in further detail.

**Signature** (must be handwritten): \_\_\_\_\_ Date: \_\_\_\_\_