



Certified Central Service Technician Training Program Mandatory Requirements

- Registration Form
- Application for Training
- High School Diploma/GED
- Reading & Math Assessment
- Background Check
(additional fee)
- 2 Step PPD Test
(additional student fee)
- Immunization Records
(Hep B, MMR, Varicella)
- Physical
- Flu Shot
- Covid-19 Vaccination and Booster
- Proof of Health Insurance
- CPR Certification
(before first clinical)
- Online HIPPA Course
cf.rcgc.edu/hipaa/assessment

I understand that all the above documentation must be submitted to the Career & Technical Education Division for enrollment into the Certified Central Service Technician Training Program.

Student Name: _____

Student Signature: _____

Date: _____

RCSJ CTE Representative: _____

Signature: _____

Date: _____



CTE Allied Health Program Application

Section 1: Student Information

Full Name: _____ Maiden/Other Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ SS#: _____

Phone: _____ Birth Date: _____

Do you have a High School Diploma or GED? Yes (Please attach copy) No

Section 2: Program Selection and Status

I am applying for admission to:

Section 3: Immunizations and Tests

Program:	Check	Dates
Certified Clinical Medical Assistant		
Certified Nursing Assistant		
Patient Care Technician		
Certified Phlebotomy Technician		
Medical Billing & Coding		
Pharmacy Technician		
Central Service Technician		
Medical Administrative Assistant		
Other:		

Only for: Certified Clinical Medical Assistant, Certified Patient Care Technician, Phlebotomy Technician, Certified Central Service Technician and Pharmacy Technician. Please attach a copy of your physical and immunizations as necessary.

Vaccine	Dose-Date
Hepatitis B	1.
	2.
	3.
PPD Test Results (mm)	Date*:
MMR vaccination/Titer	Date:
Varicella vaccination/Titer	Date:
Flu Vaccine	Date: Verification Required

*Tuberculin test cannot be older than one year.

C.N.A Immunizations and Tests – **See C.N.A Requirements Packet**

Continues on next page

Physician's Signature & Date: _____



Section 4: Acknowledgments

Externship (Only for Certified Clinical Medical Assistant, Certified Phlebotomy Technician, Certified Patient Care Technician and Central Service Technician – Initial after each.):

- **I understand** that if my program requires an externship, I will be required to complete all required hours before I will be considered a “graduate” of the program. _____
- **I understand** that my externship site could be within up to 30 miles of the school. _____
- **I understand** that most externship sites only offer externship during weekday hours and may not have the availability to provide evening or weekend hours. _____
- **I understand** that if I decline an externship site, the college’s obligation regarding externship has been met and I will have to find my own externship placement. _____
- **I understand** that if I am dismissed from an externship site, I will meet with the Director of Career and Technical Education and must find my own externship placement. _____
- **I understand** that if I don’t have a minimum of a “C” average or an 85% attendance record that I may not be eligible for externship placement. _____
- If I am not in good financial standing with the College, I will not be able to be placed on externship until paid in full. _____
- **I understand** that I will need to submit proof of being fully vaccinated against COVID-19 in compliance with externship site requirements. _____

Certification Exams and Licensures (Initial after each):

- **I understand** that Rowan College of South Jersey makes no guarantee that students who complete training will pass the national certification exam and licensures (if available). _____
- **I understand** that Rowan College of South Jersey will only pay for my first attempt at the national certification exam and licensure. All retests are my responsibility. _____

Release of information

I, (print name) _____, authorize Rowan College of South Jersey Career and Technical Education to conduct a search and to release all my records pertaining to my criminal history, which includes my name, social security number, date of birth, address, and student ID number to the authorized background check agency of their choice.

I understand that the use of my records is limited to any audit and the evaluation of continuing education programs, to any potential externship preceptors, and in connection with the enforcement of federal and/or-state laws.

My signature is an acknowledgment that I have read and voluntarily consent to the release of the above-mentioned information.

Student Signature: _____

Refund Policy

There will be a 100% refund for withdrawals before the first day of class. A 50% refund for withdrawals on the first day of class. No refunds after the first day of class.

I understand and agree to the above terms and conditions:

Student Signature: _____ Date: _____



CTE Acceptance of terms of Drug and Alcohol Use Policy

It is strictly forbidden to be under the influence of alcohol, illegal narcotics, chemicals, psychedelic drugs or other controlled substances by an individual engaged in college related activities.

It is expected that students will come to class, laboratory and externship in a condition fit for the competent and safe performance of their duties and that such fit condition will be maintained throughout the scheduled time. The objectives of this policy are to identify the impaired students, maintain an environment that allows students to enjoy the full benefits of their learning experience and ensure safe, competent client care.

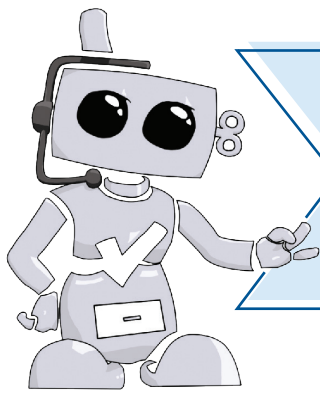
Faculty are accountable for ensuring that students are in fit condition to participate in program related activities and for taking prompt, appropriate and decisive action whenever a student seems to be impaired. Students who arrive in the classroom, lab, externship location or other assigned area and are considered by their instructor to be impaired may expect to:

- Have their behavior witnessed and documented
- Be questioned in private as to the nature of their problem
- Be asked to undergo a medical evaluation (which includes blood alcohol level and/or urine testing) in an Emergency Room or laboratory facility and have their behavior witnessed by another healthcare professional
- Meet with the Director of Career and Technical Education
- Be referred for counseling
- Be dismissed from their program of study
- Be ineligible for readmission

When a student is in possession of or using alcoholic beverages or illegal or unprescribed controlled chemicals on college or externship properties, the student may be assigned a grade of "F" and be dismissed from their academic program. I have read and understand the Career and Technical Education's Drug and Alcohol Use Policy.

Signature:

Date:



Rowan College of South Jersey Applicant user guide to Complio

Required Immunizations and Certifications

What you need to know about compliance and immunization requirements?

Rowan College of South Jersey students will need to provide documentation regarding the completion of their immunization, background check, drug screen, required trainings and related compliance records. Rowan College of South Jersey uses a vendor called American DataBank to help students track, access, and maintain their compliance records through their academic program. American DataBank has created a web-based database allows students to access their immunization and compliance records from a computer and gives students the ability to update and download their compliance "passport" at their convenience. This system is known as Complio and automatically notifies students when immunization or compliance records are expiring so that students can update their records as needed.

This guide contains details about how to complete the immunization and certification requirements which must be completed. Please review these materials closely and complete the required items today.

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Getting Started Check list

1. Create your Complio account
 - a. Using Chrome or Firefox go to RCSJcompliance.com Background Check and Drug Screening Package. Once you have placed your order, Complio will email you the necessary drug screening registration. Complio will provide you with your username and password via email. Please allow one business day to receive your user ID and password and double check your spam or junk folder if you do not receive it.
2. Submit Materials
 - a. When you receive your drug screening information please follow all instructions found in the email and take the appropriate action. Your background check results will be uploaded for you upon completion by American DataBank. Your drug screening results will be uploaded to your account 72 business hours after you complete the collection.

Clinical Agency Requirements

Students placed at clinical agencies are required to provide their immunization and compliance materials prior to being placed in that setting. Your program faculty and staff may halt your attendance in clinical course work at any time if your immunization and clinical requirements have not been met.

Complio Support

Account login:
RCSJcompliance.com

Technical Support:
complio@americandatabank.com

Phone:
800-200-0853



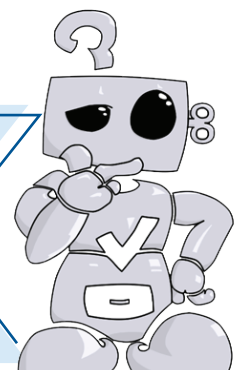
Questions?

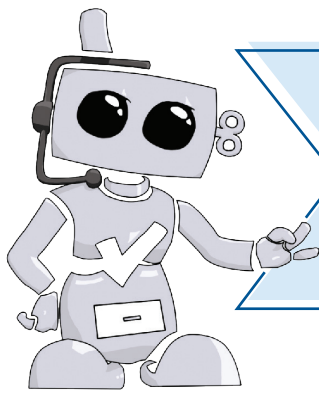
©American DataBank is always happy to help. You may call, email, or message us with any questions or concerns you have about Complio, your account or your students' statuses.

Email: Complio@americandatabank.com

Phone: 800-200-0853 Live Service: 7 a.m. – 6 p.m. MT M-F; 8 a.m. – 4 p.m. MT Sat

Address: 110 16th Street, Suite 800, Denver, CO 80202





How to set up your Complio account

1. Go to RCSJcompliance.com to create your account by clicking on the "Create Account" button
2. Once you create your account, you will receive an email with an activation link
 - a. Follow this link to login to your account. If you do not click on the link, your account will not be activated.
3. Click on the Get Started button to begin the ordering process
4. Select your program of study and campus then click on "Load Packages"
 - a. You will see several different packages listed. If you're unsure of what to order, please contact your Program Coordinator.
5. Step 2 will ask you to confirm all details you entered when you created your account
 - a. This information will be used to run your criminal background check and drug screening. It is imperative that you confirm that all details are correct. If you order incorrectly, you will have to place another order and a refund is not available.
 - b. We encourage you to opt-in to receive Text notifications regarding your Complio account.
6. Drug Screening
 - a. If your order includes a drug screening, you will select your collection site during the ordering process. Please find a location nearest to your home, work, or school. If you are unable to find a location near you (within 99 miles) please contact American DataBank at 800-200-0853 for assistance.
 - b. Once you have successfully placed an order and it is in progress, you will receive an email with the Drug Screen Authorization Form.
7. Signing Forms
 - a. There will be several forms to sign. Review the document and scroll down to the bottom of the page where you will check that you've read and agreed to the documentation. Using your mouse or track pad, sign your name and click Next to proceed. The form will refresh to show your signature in the form. You will click Next to move forward.
8. Order Review
 - a. You will confirm your order on the Order Review page. Please double check your package selections as once you enter your payment information your order is not eligible for a refund. Please confirm your order before proceeding.



Physical Examination Form for Central Service Technician Students

To be completed by a Health Care Provider

Instructions: This Physical Examination Form is to verify the health status of this student who has been accepted into the Central Service Technician program at Rowan College of South Jersey upon verification of adequate health status.

Last Name: _____ First Name: _____ M.I.: _____

DOB: _____ E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Date of Exam: _____

HT: _____ WT: _____ BP: _____ P: _____ Urine Dip: _____ Hb: _____

NL ABNL Findings

- Head/Neck _____
- Eyes _____
- ENT _____
- Lungs _____
- Cardiac _____
- Breast _____
- Abdomen _____
- GU (as indicated) _____
- Rectal (as indicated) _____
- Back Strength/Extremities _____

Yes No

- Ability to lift and carry up to 50 lbs. _____
- Ability to exert up to 100 lb. Force or push/pull _____
- Ability to bend/stand/squat/crawl _____

NL ABNL

- Neuro _____
- Reflexes _____
- Lymph's _____
- Skin _____

Remarks: _____

The student is sufficiently free of disease and able to perform duties. He/she does not have any health condition that would create hazard for him/herself, fellow students, facility employees, residents, or visitors.

MD signature: _____ Date: _____

Tuberculin Skin Test Requirements	Date/Results	Date/Results
2 Step TB Skin Test (PPD) 2 TB Skin Test: a minimum of 1 week or a max of 3 weeks apart	1 st Step Date: _____ Results: _____ * If positive PPD result, see Chest Xray & Letter	2 nd Step Date: _____ Results: _____
Chest Xray & Letter from Physician * Only require if positive TB Skin Test * Negative Chest Xray (within last 5 years) * A letter from your physician stating you are free of any symptoms of TB	Date: _____ Results: _____ INH Treatment- 9 Mos. Date Began: _____ Date Ended: _____	

TB Symptoms Review:

1. Are you currently exhibiting any of the following symptoms of tuberculosis?

- Hoarseness/Cough lasting longer than 3 weeks _____ yes _____ no
- Coughing up Blood _____ yes _____ no
- Fever _____ yes _____ no
- Weight Loss _____ yes _____ no
- Night Sweats _____ yes _____ no
- Excessive Fatigue _____ yes _____ no

Have you had any of the above TB symptoms within the last 12 months? _____

If yes, explain _____

2. Have you ever been told by a doctor or other health care provider that you had active TB? _____ Yes or No

3. Have you ever been told by a doctor or health care provider that your immune system is not working right or that you cannot fight infection? _____ Yes or No

4. Have you had pneumonia in the past year? _____ Yes or No

5. Have you ever lived with or had close contact with someone who has/had active TB with symptoms listed above? _____ Yes or No.

If yes, list symptoms _____

6. Is any person living in your household exhibiting any symptoms of TB that are listed above? _____ Yes or No

If yes, list symptoms _____

7. Have you ever been told that you have an abnormal chest x-ray or had a chest x-ray to rule out TB? If yes, where was the chest x-ray done; physician name and number: _____



8. Have you ever received medication for active tuberculosis disease or preventative treatment for TB injections?

If yes, list medication, date started, and date completed: _____

9. Have you ever worked where patients with active tuberculosis are receiving care? _____

10. Have you ever worked, volunteered, or lived in any situation such as jail, group home, or homeless shelter? _____

11. Have you ever traveled outside the United States? _____ If yes, where _____

12. Were you born in the United States? _____ If no, where were you born? _____

Student signature: _____ Date: _____

Certified Registered Central Service Technician (CRCST) Exam



Revised January 2022

CRCST certification is designed to recognize entry level and existing technicians who have demonstrated the experience, knowledge, and skills necessary to provide competent services as a central service technician. CRCSTs 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 which are essential for patient safety.

To earn CRCST certification, candidates are required to successfully demonstrate skills through the completion of hands-on work experience in a Central Service/Sterile Processing department, as well as the successful completion of an examination developed to measure the understanding of general central service and infection prevention topics. Those certified as a CRCST are required to renew their credentials annually through the completion of continuing education requirements.

Please read and complete each section fully and accurately in clear, legible handwriting or type. The completed application and full payment must be received for processing.

Submitted applications will be processed in approximately three to four weeks. By submitting, you agree to a \$25 non-refundable processing fee. Information on how to schedule your exam, as well as your window of eligibility, will be sent to the email provided. (Scheduling information cannot be provided by phone.) Once your application is approved, it is your responsibility to schedule your exam within the 90-day window provided.

Additional information on certification requirements, policies, and procedures is available in the HSPA Handbook and at myhspa.org/certification. For further assistance, contact HSPA at 312.440.0078 or certification@myhspa.org.

Please complete each 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**

APPLICATION CHECKLIST

I am ready to sit for the CRCST exam within the next 3 months, once my application is approved.

Section 1: Certification Type
Select full or provisional.

Section 2: Applicant Information
I have completed the applicant information.

Section 3: Standards of Conduct, Disclosure, and Attestations

I have signed and dated the Statement of Understanding.

Section 4: Application Fee

I have included a signed check/money order or credit card information with the application.

Section 5: Hands-On Experience

My **Manager/Supervisor** has completed and signed the Hands-On Experience. **Please complete ONLY if applying for Full Certification.**

HSPA 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. HSPA 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.

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

Certified Registered Central Service Technician (CRCST) Exam

Revised January 2022



SECTION 1: CERTIFICATION TYPE

Please let us know if you are applying for Full Certification or Provisional Certification.

- Full Certification:** I have completed the required 400 hours of hands-on experience, as outlined by Section 5 of this application, in a Central Service/Sterile Processing department. **My Manager/Supervisor has completed Section 5 and I am submitting it with my application to test.**
- Provisional Certification:** I will complete the required 400 hours of hands-on experience within 6 months of passing the certification exam. My hours will be accumulated in the categories, as outlined by Section 5 of this application. I understand that if I fail to complete and submit documentation of these hours to HSPA prior to the deadline, my certification will be revoked and I will be required to re-apply for certification.

SECTION 2: APPLICANT INFORMATION

Please enter your first and last name as they appear on your primary government issued photo ID.

Mr. Mrs. Ms. Dr.

Applicant First Name: _____

Applicant Last Name(s): _____

HSPA ID# (Optional): _____

Personal Information

Home Address: _____ Apt/Floor/Unit: _____

City, State/Province, Zip/Postal Code: _____

Country (if outside the USA): _____

Home Telephone: _____ Personal Email: _____

Employment Information (if available)

Organization Name: _____

Current Position Title: _____

Business City and State/Province: _____

Country (if outside the USA): _____

Business Telephone: _____ Business Email: _____

An email is required. Confirmation and scheduling information will be sent by email. Please check which email you would like to be used for correspondence: personal business

Please check which address you would like to be used for mailed correspondence: personal business

Certified Registered Central Service Technician (CRCST) Exam

Revised January 2022



SECTION 3: STANDARDS OF CONDUCT, DISCLOSURE AND ATTESTATIONS

APPLICATION 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 HSPA Certification Handbook (available online at myhspa.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 HSPA, 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 HSPA may be audited for verification. I agree to provide any information necessary to verify my experience and authorize HSPA 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 I will receive an individual score report containing a notification of "pass" or "fail" for the overall examination on screen at the testing center upon completion of the exam, and that HSPA will only release my pass/fail results directly to me, in written format, at the preferred address provided herein. Result reports containing an indication of my performance in each of the content domains are not available orally or electronically, and can take up to two weeks to be delivered. Pass/fail notifications will not be provided to 3rd parties without my prior express written consent. Upon request, HSPA 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 HSPA on this form, and in regard to my certification exam, will be used in accordance with HSPA's Confidentiality Policy, included in the Certification Handbook and available online at myhspa.org. If I request and am granted special testing accommodations, HSPA 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 HSPA 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.

Printed Name: _____

Signature (must be handwritten): _____

Date: _____

SECTION 4: APPLICATION FEE IS \$125 USD

Payment must be submitted with the application for processing. We cannot accept purchase orders or payments by phone. The application fee includes the cost to take the exam one time, as well as a \$25 non-refundable processing fee. Subsequent examinations and testing are subject to additional testing fees.

Check or Money Order enclosed (payable to HSPA) VISA MasterCard American Express Discover

Cardholder Name: _____

Credit Card Number: _____

CVV (found on back of card): _____

Expiration Date: _____

Zip Code of Billing Address: _____

Signature (must be handwritten): _____

Certified Registered Central Service Technician (CRCST) Exam



Revised January 2022

TO BE COMPLETED IN FULL BY YOUR MANAGER/SUPERVISOR

SECTION 5: HANDS-ON EXPERIENCE

All information on this page must be completed in full by the **Manager/Supervisor** who oversaw the applicant's work/volunteer experience. **If the applicant completes any portion of this page, the application will be rejected.**

- The information must be verified by a person in a position higher than the applicant (Lead Tech, Coordinator, Supervisor, Manager, Director, Chief, Administrator or Hospital-Based Educator/Trainer).
- Each of the six areas below are mandatory for completion, and the hours must be completed in full, in a Central Service/Sterile Processing department.
- If the applicant completed their experience in more than one facility, additional copies of this page must be completed by each Manager/Supervisor, indicating the specific number of hours completed in each area.
- Manager/Supervisor must provide work contact information. No personal contact information will be accepted.

Printed Name of Manager/Supervisor: _____

Current Position Title of Manager/Supervisor: _____

Select one: Lead Tech Coordinator Supervisor Manager Director Chief Administrator Other _____
DESCRIBE

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

I attest that the applicant listed below 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: _____

Printed Name of Applicant: _____

Dates of Experience: from (month/date/year) ___/___/___ to (month/date/year) ___/___/___ *must have occurred within the past 5 years

Name of Facility Where Experience Was Obtained: _____

Facility Address: _____

City, State/Province, Zip/Postal Code: _____

Is the Applicant a Current Employee of the Facility: Yes No

PLEASE INITIAL EACH AREA OF EXPERIENCE COMPLETED BELOW (Typed Initials will Not Be Accepted):

- _____
INITIAL
- 1. Decontamination (120 Hours)**
Blood-Borne Pathogens, Soiled Item Transport, Safety (e.g. Chemical Handling, Sharps), Manual Instrument Cleaning, Mechanical Cleaning (e.g. Washers, Ultrasonic Cleaners), Decontamination Area Disinfection Processes, Interpreting Manufacturer's IFUs (e.g. Device Cleaning, Equipment Operation, Chemical, Enzymatics/Detergents, Current Measurements/Concentration, Soak Time), Item Receiving & Traceability
- _____
INITIAL
- 2. Preparing & Packaging Instruments (120 Hours)**
Identification, Inspection/Testing of Instruments, Inspection/Testing of Containers & Wrapping Material, Assembly, Packaging Techniques (e.g. Pouches, Flat Wraps, Rigid Containers), Labeling
- _____
INITIAL
- 3. Sterilization & Disinfection (96 Hours)**
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)
- _____
INITIAL
- 4. Storage & Distribution (24 Hours)**
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)
- _____
INITIAL
- 5. Quality Assurance Processes (24 Hours)**
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)
- _____
INITIAL
- 6. Equipment (16 Hours)**
Cleaning, Inspection and/or Preparation of Patient Care Equipment, Equipment Functionality Check (e.g. Autoclaves, Sterilizers, Washers), Familiarity with Routine Maintenance Guides for Equipment, Equipment Tracking