

Certification Board for Sterile Processing and Distribution, Inc.

1392 US Hwy 22, Suite #1, Lebanon, NJ 08833 • Phone: 908-236-0530

E-mail: mailbox@sterileprocessing.org • Web: www.sterileprocessing.org

YOUR CERTIFICATION IS ABOUT TO EXPIRE!

Dear Certified Ambulatory Surgery Sterile Processing Technician:

Your 2018 certification or certification renewal expires in 2023. This notice serves to officially request your documentation that you have *maintained your certification over the past five years*.

Please read the enclosed material carefully. Also, make sure that you have enclosed all the necessary documentation and fee for re-certification. We have made a check off sheet to assist you in this process. **Please note, the cost to re-certify is now \$125 if paying by money order and \$128 if paying by credit card. Also please note that a \$50 administrative fee will be retained by the CBSPD on any re-certification applications that are sent to the CBSPD for review and do not meet the criteria for re-certification. Candidates will receive a refund of \$75. This fee is necessary to cover the costs of mailing the packets, follow-up telephone calls and letters, supplies for processing the applications, and the extended time it takes to review the packets. THE REVIEW PROCESS TAKES AT LEAST 30-45 DAYS from the time the CBSPD receives your packet. ***We offer a service for a quicker review of your re-cert packet. With our expedited service (\$50 extra charge), when we receive your packet, it will be processed within 5 business days and your results will be sent to you via priority mail (2-5 days). This only applies to re-cert packets that meet the CBSPD re-cert requirements and do not have any missing or unapproved ceu's included. If your re-cert packet has any problems, the CBSPD will contact you by e-mail.**

Expedited review is only available during the month of your certification or an extension.

****A certificate of Excellence will be granted to any CASSPT for submitting 20 additional CEU points than needed (total of 120+ points submitted). All the education points submitted must be pre-approved by the CBSPD or have a valid CBSPD approval code or they will not be considered.**

****Any material (certificate or Ongoing CEU Record) submitted without the individuals name will not be counted.**

We are requesting that all information be submitted as early as possible to allow for the review process to take place. **ALL APPLICATIONS MUST BE RECEIVED IN OUR OFFICE NO LATER THAN 30 days prior to your expiration date.** The postmark date **WILL NOT BE** considered. However, it is strongly recommended that you file your application as early as possible so if there is any additional verification needed, you will have sufficient time to get the information back to us before your certification expires.

If you have any questions, please call the CBSPD office at 908-236-0530. Include in your message your name, telephone number with area code, and the best time of the day to reach you. You may also e-mail us at mailbox@sterileprocessing.org.

****All re-certification packets are reviewed individually in order of receipt and the review process takes AT LEAST 30-45 DAYS from the time it is received in the CBSPD office.**

****IN THE EVENT YOU CANNOT MEET THE DEADLINE DATE, YOU MUST WRITE TO THE CBSPD AT LEAST 14 DAYS BEFORE THE DEADLINE DATE REQUESTING AN EXTENSION.** State why the extension is needed, and the length of time being requested (30, 60, or 90 days). No requests for extensions will be given over the telephone. The CBSPD Board will review all requests and provide a written response within 48 hours of receipt of the request. Any Certificant who receives a Board-approved extension must have a copy of the extension approval letter attached to their application form or the application will be rejected as received after the deadline.

****If a re-certification application is denied, or any disciplinary action is taken against an applicant, they will be notified in writing within 10 business days of the decision/action and offered the option to appeal the decision to the CBSPD Board of Directors. This appeal must be in writing and submitted within 10 business days of notification of the denial or action taken. The Board will review the appeal and provide a written decision within 10 business days of receipt of the appeal.**

NOTE: if you fail to re-certify, you must re-take and pass the certification exam again. In this situation, you do NOT want to use this packet to sign up for the exam. Please contact the CBSPD office and we will send you an exam application.

Thank you in advance for your cooperation and good luck.

Sincerely,

CBSPD Board of Trustees

IMPORTANT INFORMATION PLEASE READ

Changes taking effect immediately

1. **We now accept credit cards as payment for re-certification. Please see the form within this packet to fill out and send in with your packet and paperwork. **Extra fee applies.**
2. *****NEW expedited re-cert review service (\$50 extra). Once we receive your re-cert packet, we will process it within 5 business days and send back the results to you via priority mail (2-5 days). This only applies to re-cert packets that meet the CBSPD re-cert requirements and do not have any missing or unapproved ceu's included. Expedited review is only available during the month of your certification or an extension.**

To avoid delays in processing your re-certification application, please note the following:

1. Please remember that all continuing education points must be pre-approved by the CBSPD Continuing Education Committee **OR THEY WILL NOT BE CREDITED TOWARDS YOUR RE-CERTIFICATION.**
2. Please check all your Seminar/Journal certificates to make sure they have a CBSPD Approval Code # on them with the number of points awarded by the CBSPD **as well as your name printed on the certificate.** Pre-approved programs/journals should be noted as such and do not have a code#. If any information is missing, do not submit it with your packet since it will be deemed incomplete.
3. ***The CBSPD will not accept departmental in-services that have not been previously submitted to the CBSPD for approval. All in-services must be documented with the date, topic, and CBSPD Approval Code # with the number of contact hours awarded.***
4. **There are In-services/Programs found in multiple journals and on certain websites** that have been pre-approved for a period of five (5) years from date of publication. These printed in-services are to have the statement (this in-service has been pre-approved by the CBSPD for ____ Hours.) **Always verify the in-service has been approved by the CBSPD.** You need to have a signed certificate from your Head Nurse or facility Administrator with your name, the name and date of the publication, the title of the in-service, and the date completed. This certificate verifies that you have successfully completed the post-test. **If you have several post-tests**, then have your Head Nurse or facility Administrator download our **Ongoing CEU Record** (www.cbspd.net/ongoing-ceu-record-download/) or develop a custom form on facility letterhead. The form must contain a listing of each post-test passed including the date the post-test was taken, title of the in-service, title of the journal, date of the journal, your name, and a signature by your Head Nurse or facility Administrator which shows that you passed each post-test. If the in-service/post-test is pre-approved and does not have a code, please note this. If the in-service was submitted for approval, please supply the approval code and number of points awarded by our CEU Committee. Each in-service is to be used only once during a 5-year re-certification period. **Managing Infection Control, HPN (all except the Purdue Self Study Series - those have approval codes or are being submitted with the certificate from Purdue), Infection Control Today, iceinstitute.com, ASHCSP Newsletter and Natalie Lind's website e-CSPD.com all have pre-approved in-services.**
5. **Published or Internet In-services/Programs, Podcasts and Webinars** that offer CBSPD contact hour options that have been reviewed by the CBSPD CEU Committee for the organization providing the in-service/program. There must be a statement that the CBSPD has reviewed and approved the in-service/program. The directions to obtain the CBSPD approval code number from the sponsoring organization that are published with these in-services/programs must be followed. Each in-service/program is to be used only once during a 5-year re-certification period.
6. **Published or Internet In-services/Programs, Podcasts and Webinars** that do not state they offer CBSPD approved, or pre-approved contact hours may be submitted to the CBSPD CEU Committee for review and would be handled as departmental in-services.

**PLEASE NOTE: Our mailing address has changed. ALL mail, including FedEx, UPS and next day deliveries are to be sent to:
CBSPD, Inc. 1392 Hwy 22 Ste 1, Lebanon, NJ 08833**

PLEASE DO NOT USE ANY OTHER ADDRESS AS IT MAY DELAY YOUR APPLICATION.

Your cooperation with these instructions will allow us to complete the review of your application in a timely manner and avoid delays in completion of your re-certification.

RE-CERTIFICATION INSTRUCTIONS

This packet contains the following forms:

1. Application Form for Re-certification
2. Summary Sheet for:
 - a. Journal Articles (**NOTE: articles will not be accepted/considered for continuing education if the article is over 5 years from the date of publication.**)
 - b. Videos
 - c. In-services/Seminars
 - d. College course verification
 - e. Adult and Continuing Education Programs
 - f. Written Exam Questions
 - g. Written In-services
 - h. Presentation of Educational Programs
 - i. Publication of Relevant Papers
 - j. Serving as Officer in a SPD related healthcare professional organization
 - k. Employment
3. Ongoing CEU Record

*****It is strongly recommended that you keep a copy of all information sent to the CBSPD in the event of loss of mail or questions.***

APPLICATION INFORMATION:

Please complete the application form, please print or type all information. Use the bottom of the form to check off all documentation as requested. **Please read the statement about misrepresentation before signing the form. Attach your MONEY ORDER or HEALTHCARE FACILITY CHECK made payable to CBSPD for \$125.00 OR FILL OUT THE CREDIT CARD PAYMENT FORM ATTACHED. If any other form of payment is sent, it will result in a return of the application and possible delay in processing.**

REFUND POLICY:

All re-certification applications which do not meet the criteria for re-certification (do not have the necessary 100 points) will result in a refund to the candidate of \$75.00 (there is a \$50.00 administrative fee, which is non-refundable).

CONTINUING EDUCATION INFORMATION:

Please select the appropriate form(s) to document your Continuing Education over the past 5 years. **The enclosed forms can be duplicated but must be numbered (for example, page 1 of 6 pages).**

ALL CEU documentation MUST be attached to each page used (i.e., if you document 10 CEUs from Seminars, you must attach the certificate(s) showing you have earned the 10 points listed on that page).

- ☐ **Adult or Continuing Education** - These programs are defined as programs that extend over multiple days/weeks that cover exam content material but do not qualify as a "college" course. The course must be taken during the certificant's 5-year re-certification period. **You need to provide a copy of a certificate of completion for the course** at the time of re-certification that includes course title, location and dates the course was taken. Programs in the following areas will be accepted: Roles and Responsibilities (QA, Administration and Organization, Safety), Life Science (Anatomy, Physiology, Microbiology), Decontamination and Disinfection, Preparation and Handling, Sterilization, Sterile Storage and Inventory Management, and Ethics. These programs will be awarded one (1) point per contact hour for a **maximum** of five (5) points per re-certification period.
- ☐ **College courses** will be awarded one (1) point per credit hour with completion of the course with a grade of a "70" or better, to a **maximum** of 10 points per re-certification period. Proof of attendance and grade will be necessary at the time of re-certification. **Examples of approved courses are** Biology, Chemistry, Safety, Anatomy/Physiology and

Microbiology. Other courses should be submitted to the CBSPD for consideration. **The course must be taken during the certificant's 5-year re-certification period.**

- ❑ **Chairing or serving on committees or holding office in a local, state, and/or national level of an SPD related healthcare professional organization.** Serving on a committee will be awarded 2 points per year for a **maximum** of 10 points per re-certification period. Chairing or holding office on a committee will be awarded 4 points per year for a **maximum** of 20 points per re-certification period. **Serving or chairing on a committee or holding office must be during the certificant's 5-year re-certification period.** A letter printed on the organization's letterhead stating the dates served, listing the office held, committee chaired, or committee served on will be needed. A letter signed by an organization officer other than the Certificant will be needed. **Credit may be given to the same person for serving on a committee as well as chairing or holding office on a different committee during a five-year re-certification period.**
- ❑ **Submitting test questions:** For every ten (10) test questions **submitted and accepted by the Item Review Committee** 2 contact hours will be awarded for a **maximum** of 15 points per re-certification period. Each question submitted must be relative to the exam content outline, must specify which test it was written for, have current references and four possible answers with the correct answer identified. A certificate from the Item Review Committee will be sent once the questions are accepted.
- ❑ **Departmental in-services:** Only those in-services directly related to the exam outline will be considered. The in-services must be submitted to the CBSPD Continuing Education Committee within 30 days of the in-service for approval.
- ❑ **Writing an in-service with 10 post-test questions related to the CBSPD exam content outline** - submit for approval by the CBSPD and subsequently published - 5 points per printed in-service, no more than 2 in-services per year for a **maximum** of 50 points per re-certification period. A copy of the published in-service would need to be submitted with re-certification material.
- ❑ **Published article related to CBSPD exam content outline during current re-certification period** - (article of 800-1000 words - 10 points per year) no more than 1 article per year for a **maximum** of 50 points per re-certification period - a copy of the publication must accompany the re-certification material.
- ❑ **Presentations of SPD educational programs that relates to the exam content outline to groups (other than departmental in-services)** - 1 point per contact hour to a **maximum** of 10 points per year or 50 points per re-certification period. Must include a brochure/announcement of the presentation/program that includes date of presentation with the program objectives with re-certification material.

VERIFICATION OF EMPLOYMENT in an Ambulatory Surgery facility:

Mandatory annual safety training (i.e., Joint Commission (JC), Fire Safety) is not accepted for CEU points. These topics are considered part of the points you earn for working full time or part time.

(Points awarded after passing the exam). Full time: 10 points per year; Part time (at least 20 hours per week): 5 points per year, Per diem (at least 6 days per month): 3 points per year. THE MAXIMUM POINTS ALLOWED FOR EMPLOYMENT OVER THE FIVE YEARS IS 50. THE MAXIMUM POINTS PER YEAR FOR WORKING IS 10. If employment is not for a full 12-month period, the time will be prorated by the month.

Attach original letter(s) on your facility's letterhead signed by the Head Nurse or facility Administrator verifying your length of employment and indicate status (i.e., full time, part time, per diem) during the 5-year period. Attach this documentation to the Length of Employment form, which is part of the re-certification packet.

APPLICATIONS SUBMITTED WITHOUT THE APPROPRIATE RE-CERT PAYMENT, OR ANY MISSING DOCUMENTATION OR DISCREPANCY IN TOTAL POINTS ACCUMULATED WILL RESULT IN A RETURN OF YOUR APPLICATION.

IF YOU HAVE QUESTIONS ABOUT THE RE-CERTIFICATION PROCESS, PLEASE CONTACT THE CBSPD at 908-236-0530. Our office is staffed Monday-Friday from 9:30 AM to 5:30 PM - Eastern Time. If you get our voice mail, leave your name, telephone number with area code, the state you are calling from and the best time of the day to reach you.

THE APPLICATION FORM, ALL DOCUMENTATION AND THE PAYMENT MUST BE RECEIVED AT THE CBSPD OFFICE **NO LATER THAN 30 days prior to expiration.** All candidates who meet all the criteria for re-certification will receive their re-certification verification within 30-45 days of receipt.

SUBMIT ALL DOCUMENTATION, APPLICATION FORM AND FEE TO:

CBSPD, Inc. 1392 Hwy 22, Ste 1, Lebanon, NJ 08833

This Application MUST be RECEIVED no later than 30 days prior to expiration.

AMBULATORY SURGERY TECHNICIAN RE-CERTIFICATION APPLICATION FORM		
OFFICE USE ONLY		I.D. NUMBER
POINTS/		DATE
REV BY:		CERTIFIED
CERTIF OF EXC:		Other CBSPD Certifications
VERIFY ADDRESS:		☐ GI Scope ☐ Supervisor ☐ Manager/Management ☐ Surgical Instrument ☐ Technician
MO/CC/HC#:		
DATE		
REC'D:		

NAME :

LAST NAME

FIRST

MIDDLE INITIAL

HOME

ADDRESS :

NUMBER AND STREET

P.O. BOX OR APARTMENT NUMBER



NEW ADDRESS?

CITY, STATE, AND ZIP CODE

TELEPHONE NUMBER:

HOME

WORK

LAST 4 DIGITS OF SOCIAL SECURITY # XXX-XX-

EMAIL:

APPLICATION STATEMENT & SIGNATURE:

I, the undersigned, verify that all the information provided in this application is correct.

I acknowledge and accept the regulations of the CBSPD as outlined in the Ambulatory Surgery Candidate Information Bulletin. If I have provided false information, it can result in rejection of my application or future revocation of this certificate.

SIGNATURE

DATE

APPLICATION CHECKLIST:

In order to have your application accepted, it is important to submit all of the following:

☐ \$125.00 MONEY ORDER MADE PAYABLE TO CBSPD. (PERSONAL CHECKS NOT ACCEPTED)

****OR SUBMIT CREDIT CARD PAYMENT FORM ATTACHED (EXTRA FEE APPLIES)**

☐ EMPLOYMENT VERIFICATION (*last 5 years: Full time, Part time, or Per diem?*)

☐ IN-SERVICE / SEMINAR ATTENDANCE SUMMARY

☐ CBSPD RE-CERTIFICATION APPLICATION (*This signed cover page is required*)

OFFICE USE ONLY

WORK:

EDU:

*****It will take 30-45 days for the CBSPD to review this packet from the time it is received.***

MAIL COMPLETED APPLICATION, PAYMENT AND SUPPORTING DOCUMENTS TO:

CBSPD: 1392 US Hwy 22, Suite #1, Lebanon, NJ 08833



THE CERTIFICATION BOARD FOR STERILE PROCESSING AND DISTRIBUTION, INC.

1392 US Hwy 22 • Suite #1 • Lebanon, NJ 08833 • USA

Tel: 1-800-555-9765 • Fax: 908-236-0820

Web: www.sterileprocessing.org • E-mail: mailbox@sterileprocessing.org

Re-certification Credit Card Payment Form

*Please include this completed page with your paperwork if you want to pay by credit card for this re-certification. ****Your card will be charged \$128 for this re-certification which includes a non-refundable \$3.00 convenience fee for using your credit card. A \$75 fee will apply for all chargebacks (if you for any reason dispute this charge on your card)***

There is now the option for an expedited review of your re-certification application for \$50.00, IN ADDITION to, the cost of the re-certification fee. Your application will be reviewed within 5 business days (excluding weekends and holidays). PROVIDED you meet the qualifications to be re-certified, your new paperwork will be sent out USPS Priority Mail and arrive in 2-5 business days. There will be NO refunds for this service. You may charge this to your credit card or include it in your money order, cashier's check or facility check.

Expedited review is only available for the month of the certification or an extension

\$50 Expedited Review Fee (You MUST SIGN BELOW FOR THIS SERVICE OR IT WILL NOT BE COMPLETED!)

Signature for Expedited Review fee of \$50.00:

Date: _____

Visa____ Mastercard____ American Express____ Discover____

Person's Name on the Card: _____

Card Number: _____

Expiration Date: _____

Security Code on Card: _____

Address where the Card Billing Statements are sent to:

Signature: _____

CERTIFICATION BOARD FOR STERILE PROCESSING AND DISTRIBUTION, INC.

AMBULATORY SURGERY TECHNICIAN RE-CERTIFICATION SUMMARY

Please print or type all information clearly.

COMPLETE THIS SHEET AND RETURN WITH YOUR EDUCATION/WORK DOCUMENTATION

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

LAST 4 DIGITS OF SOCIAL SECURITY # : XXX-XX-_____

CATEGORY	POSSIBLE POINTS	NUMBER OF POINTS EARNED	FQR OFFICE USE
			POINTS AWARDED
WORKING PART TIME FOR LAST 5 YEARS (need letter of verification attached)	25**		
WORKING FULL TIME FOR LAST 5 YEARS (need letter of verification attached)	50**		
DEPARTMENTAL IN-SERVICES (need verification - attach CEU certificates)	UNL.		
OUTSIDE SEMINARS (need verification - attach CEU certificates)	UNL.		
APPROVED VIDEOS (need verification-CEU certificates or Ongoing Record)	UNL.		
JOURNAL ARTICLES (need verification-CEU certificates or Ongoing Record)	UNL.		
CHAIRING OR SERVING AS AN OFFICER IN SPD ASSOC (need letter of verification attached)	20		
COLLEGE COURSES (need college transcript attached)	10		
CONTINUING EDUCATION PROGRAMS (need verification - attach CEU certificates)	5		
WRITTEN CBSPD EXAM QUESTIONS (approved by the Item Review Committee)	15		
PRESENTATION OF AN EDU. PROGRAM (need verification - attach brochure/info)	50		
PUBLICATION OF RELEVANT PAPERS (need verification - attach publication)	50		
WRITTEN IN-SERVICES (need verification - attach in-services written)	50		

****NOTE: THE MOST POINTS YOU CAN EARN FOR WORKING IS 50. YOU CANNOT EARN MORE THAN THIS.**

TOTAL POINTS (MUST BE 100) : _____

CERTIFICATE OF EXCELLENCE: 120+

CERTIFICATION BOARD FOR STERILE PROCESSING AND DISTRIBUTION, INC.

AMBULATORY SURGERY TECHNICIAN ONGOING CEU RECORD FOR JOURNALS

Page () of () Pages

**COMPLETE THIS SHEET AND RETURN IT WITH A SIGNED CONFIRMATION OF COMPLETION
LETTER FROM YOUR HEAD NURSE OR FACILITY ADMINISTRATOR ON FACILITY LETTERHEAD
(MUST STATE NUMBER OF ONGOING CEU RECORD SHEETS SUBMITTED)**

NAME : _____

PUBLISH DATE	PERFORM DATE	PUBLICATION SOURCE & IN-SERVICE TITLE	CBSPD CODE OR PRE-APPROVED	CREDIT HOURS
TOTAL:				