

# Certification Board for Sterile Processing and Distribution, Inc.

148 Main Street, Suite B-1, Lebanon, NJ 08833

Phone: 1-800-555-9765, E-mail: [cbspd@att.net](mailto:cbspd@att.net)

Web: [www.sterileprocessing.org](http://www.sterileprocessing.org)

## YOUR CERTIFICATION IS ABOUT TO EXPIRE!

April 2010

Dear Certified Sterile Processing and Distribution Technician:

Your 2005 certification or certification renewal expires in October 2010. 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 \$100 if paying by money order and \$103 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 \$50. 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.**

**\*\*A certificate of Excellence will be granted to any CSPDT 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 October 31, 2010.** 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 1.800.555.9765. 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 [Cbspd@att.net](mailto:Cbspd@att.net) in case our phone line is busy.

**\*\*IN THE EVENT YOU CANNOT MEET THE DEADLINE DATE, YOU MUST WRITE TO THE CBSPD AT LEAST TWO WEEKS 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). The Board of Directors will consider each request individually and you will be notified of their decision by mail within 10 days of receipt.**

**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.**

Thank you in advance for your cooperation and good luck.

Sincerely,

*CBSPD Board of Directors - Nancy Chobin, RN, CSPDM, Executive Director; Executive Commissioners - Teckla Ann Maresca, LPN, CSPDM; Nora Wikander, RN, CSPDM; Karen Swanson, LPN, CSPDM; Bobby Osburn, CSPDM; Martha Young, CSPDT. Board Members – Nyla Japp, RN, PhD, CSPDM; Angela Joyner, CSPDS; Cindy Buell, CSPDT; Jeanette Bakker, CSIP; Barbara Aldeman, CSPDT; Karen Zervopoulos, CFER; Gail Law, RN, CASSPT; Public Member - Paul Letersky, B.A., J.D.*

# 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. \*\*\*You must include ORIGINALS of ALL certificates for programs/in-services. We will NOT accept copies of certificates any longer. If you do not have the original version of a certificate, you may attach a copy this time only, but in the future, please note to send in all originals when re-certifying.\*\*\*

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 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.) You need to have a signed certificate from your manager or supervisor 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 posttest. 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 and iceinstitute.com, ASHCSP Newsletter and Natalie Lind's website e-CSPD.com all have pre-approved in-services.** An example of our Ongoing CEU Record appears later in this packet, and also on our "Web Links" page on our website. This is an alternative to doing certificates.
5. **Published or Internet in-services** that offer CBSPD contact hour options that have been reviewed by the CBSPD CEU Committee for the organization providing that in-service are to have a statement that the CBSPD has reviewed the in-service. The directions to obtain CBSPD approval code number from the sponsoring organization that are published with these in-services must be followed. Each in-service is to be used only once during a 5 year re-certification period.
6. **Published or Internet in-services** 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.

**\*\*\*Our website has copies of this re-cert packet on the "Downloads" page. You can also use our on-line "CEU Approval" page to speed up the process of getting your points approved. Please see our "Web Links" and "In-service Ideas" pages for sources of CEUs. We can be found at [www.sterileprocessing.org](http://www.sterileprocessing.org) and our e-mail is [CBSPD@att.net](mailto:CBSPD@att.net), please don't hesitate to contact us to have your in-services reviewed for approval.**

**PLEASE NOTE: Our mailing address has changed. ALL mail, including Fedex and next day deliveries are to be sent to:**

**CBSPD, Inc.  
148 Main Street, Suite B-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 Office in CS 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 \$100.00 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 \$50.00 (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).**

An **ORIGINAL version of 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 courses:** - 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 the ORIGINAL version of a certificate of completion of 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 Sciences (Anatomy, Physiology, Microbiology), Decontamination, Sterilization, Preparation and Handling and

Sterile Storage/Distribution. **These programs will be awarded one (1) point per contact hour for a maximum of five (5) points per re-certification period. All such programs must be pre-approved by the CBSPD.**

- ❑ **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: English, Chemistry, Safety, Environmental Control, Anatomy/Physiology, Psychology, Finance, Microbiology, Communication and Computers. 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 a CS/SPD related healthcare professional organization.** 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 in office or the dates chaired or served on a committee will be needed. The letter must be signed by an organization officer other than the certificant. This will be awarded 2 points per year for a **maximum** of 10 points per 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 inservices 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 CS/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:**

**Full Time – 10 points/year; Part time (at least 20 hours/week) – 5 points/year, per diem (at least 6 days/month) – 3 points/year. THE MAXIMUM POINTS PER YEAR FOR WORKING IS 10.**

**Attach original letter(s) on your facility's letterhead signed by Human Resources verifying your length of employment, verification of CS Office held, 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.**

*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 1-800-555-9765. Our office is staffed Monday-Friday from 9:30 AM to 5 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 October 31, 2010.** 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  
148 Main Street, Suite B-1  
Lebanon, NJ 08833**



# THE CERTIFICATION BOARD FOR STERILE PROCESSING AND DISTRIBUTION, INC.

148 Main Street • Suite B-1 • Lebanon, NJ 08833 • USA  
Tel: 908-236-0530 • Fax: 908-236-0820  
Web: [www.sterileprocessing.org](http://www.sterileprocessing.org) • E-mail: [CBSPD@att.net](mailto:CBSPD@att.net)

## 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 \$103 for this re-certification which includes a non-refundable \$3.00 convenience fee for using your credit card. A \$20 fee will apply for all chargebacks (if you for any reason dispute this charge on your card).** A receipt will be mailed to you with your re-certification results. Please keep the receipt handy for when your card statement arrives.

Card Type:

Visa\_\_\_\_\_ Mastercard\_\_\_\_\_ Discover\_\_\_\_\_

Person's Name on the Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code on the Card: \_\_\_\_\_

Address where the Card Billing Statements are sent to:

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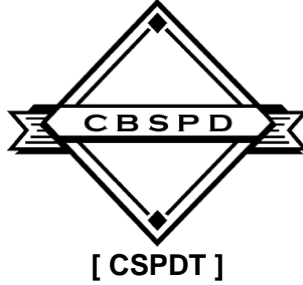
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Signature: \_\_\_\_\_

**This Application MUST be RECEIVED no later than October 31, 2010**

**TECHNICIAN RE-CERTIFICATION APPLICATION FORM**

OFFICE USE ONLY
POINTS/ STATUS:
CERTIF OF EXC:
VERIFY ADDRESS:
MO/CC/HC#:
DATE REC'D:



I.D. NUMBER
DATE
CERTIFIED
Other CBSPD Certifications
<input type="checkbox"/> GI Scope
<input type="checkbox"/> Supervisor
<input type="checkbox"/> Manager
<input type="checkbox"/> Instrument Processor
<input type="checkbox"/> Ambulatory Tech

**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 Technician 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:
- \$100 MONEY ORDER MADE PAYABLE TO CBSPD. (PERSONAL CHECKS NOT ACCEPTED)
  - \*\*OR SUBMIT CREDIT CARD PAYMENT FORM ATTACHED (EXTRA FEE APPLIES)**
  - EMPLOYMENT VERIFICATION (*Stating 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.**

**\*\*\*NEW ADDRESS BELOW\*\***

**MAIL COMPLETED APPLICATION, PAYMENT AND SUPPORTING DOCUMENTS TO:  
 CBSPD: 148 MAIN STREET, SUITE B-1, LEBANON, NJ 08833**

**CERTIFICATION BOARD FOR STERILE PROCESSING AND DISTRIBUTION, INC.**

**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	FOR OFFICE USE POINTS AWARDED
WORKING PART TIME (need letter of verification attached)	25		
WORKING FULL TIME (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.		
SERVING AS AN OFFICER IN CS ASSOC. (need letter of verification attached)	10		
COLLEGE COURSES (need college transcript attached)	10		
CONTINUING EDUCATION PROGRAMS (need verification - attach CEU certificates)	5		
WRITTEN 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		



**TOTAL POINTS (MUST BE 100) :** \_\_\_\_\_

**CERTIFICATE OF EXCELLENCE: 120+**

**\*\*IN SEARCH OF POINTS? SEE OUR "IN-SERVICE IDEAS" AND "WEB LINKS" PAGES ON OUR WEBSITE. DOES YOUR IN-SERVICE NEED APPROVAL SO YOU CAN SUBMIT IT WITH THIS PACKET? CHECK OUT OUR ON-LINE "CEU APPROVAL" PAGE. YOU CAN FIND IT ALL AT WWW.STERILEPROCESSING.ORG!**

CERTIFICATION BOARD FOR STERILE PROCESSING AND DISTRIBUTION, INC.

**TECHNICIAN ONGOING CEU RECORD FOR JOURNALS**

Page (    ) of (    ) Pages

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

**NAME :** \_\_\_\_\_

PUBLISH DATE	PERFORM DATE	PUBLICATION SOURCE & IN-SERVICE TITLE	APPROVAL CODE / PRE-APPROVED STATUS	CREDIT HOURS
<b>TOTAL:</b>				