



# THE CENTRAL SERVICE ASSOCIATION OF ONTARIO

## C.S.A.O. 2010 -2011 RECERTIFICATION COURSE

### REGISTRATION CRITERIA:

In order to take the C.S.A.O. Recertification Course, you must meet all of the following criteria:

- ❑ Must hold a CSAO certificate or a Canadian College certificate dated 5 years prior to the registration being received or later. A photocopy of your certificate is required. Certificate date: **Session 1 August 3<sup>rd</sup> 2005 or later**  
**Session 2 Dec 1 2005 or later**
- ❑ Must be a current CSAO member. (2010-2011 membership year).
- ❑ Must work in a Reprocessing Department in a Health Care setting (Application to be signed by Manager).
- ❑ The attached practical component must be completed before the exam. The original is kept by the health care facility and a copy sent with the completed exam.
- ❑ Must be fluent in speaking, writing and reading English.

### COURSE INFORMATION:

- The course must be completed in the three-month time frame on a self-study basis.
- Session One: The exam must be written by December 1<sup>st</sup>, 2010
- Session Two: The exam must be written by April 4<sup>th</sup>, 2011

<b>SESSION ONE</b> <b>CLOSED</b>	<b>SESSION TWO</b>
Registration Closing Date: August 3, 2010	Registration Closing Date: December 1, 2010
Course Start Date: September 1 <sup>st</sup> , 2010	Course Start Date: January 4, 2011
Exam Deadline: December 1 <sup>st</sup> , 2010	Exam Deadline: April 4, 2011
Certificate Date: August 3, 2005 or later	Certificate Date: December 1, 2005 or later

### EXAM INFORMATION:

- The exam consists of 100 true/false and multiple-choice questions.
- There are no rewrites of the exam
- A mark of 70% must be achieved on the exam. If the exam is not completed successfully, further course attempts must be classroom format. No rewrites are permitted.
- The exam is written in front of an invigilator, the student's Reprocessing Manager.

**Cost:** \$476.19 plus HST (\$61.90) = \$538.09 this fee includes the manual and workbook.

Payment only in the form of a certified cheque, money order, hospital cheque, visa or mastercard made payable to the C.S.A.O. Registration will be returned if payment is not in the form of methods listed above. No personal cheques are accepted. Registration fee is non-refundable.



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## C.S.A.O. 2010/2011 RECERTIFICATION COURSE

### REGISTRATION FORM

#### SESSION ONE **CLOSED**

Registration Closing Date: August 3, 2010  
Course Start Date: September 1<sup>st</sup>, 2010  
Exam Deadline: December 1<sup>st</sup>, 2010  
Certificate Date: August 3<sup>rd</sup> 2005 or later

#### SESSION TWO

Registration Closing Date: December 1, 2010  
Course Start Date: January 4, 2011  
Exam Deadline: April 4, 2011  
Certificate Date: December 1<sup>st</sup> 2005 or later

**Complete all of the following sections. Please type/print clearly as it must be legible:**

Previous Classroom Course Date: \_\_\_\_\_ Location: \_\_\_\_\_

Course Coordinator(s): \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Hospital /Facility: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Work/Home E-Mail: \_\_\_\_\_

Session One  Session Two:

**By signing below I agree that I have read the course and exam information, and that I meet the registration criteria.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I agree to invigilate the student's examination and complete the practical component:**

Manager's Name & Position \_\_\_\_\_

Manager's Phone: \_\_\_\_\_ Manager's Fax: \_\_\_\_\_

Manager's e-mail: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Method of payment: Check one method of payment below. Payment is in Canadian Funds for: \$476.19 plus HST (\$61.90) = \$538.09**

Certified cheque / Money order/Hospital Cheque(made payable to "C.S.A.O.")

Visa  Mastercard (check one, and fill out all information below)

Card #: \_\_\_\_\_ Exp. date: \_\_\_\_\_ / \_\_\_\_\_

Name (as shown on card): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Mail (with payment) to:  
C.S.A.O.  
Box 225  
Timmins, ON P4N 7C9

Fax number  
(for credit card orders only)  
705-268-4421