



# THE CENTRAL SERVICE ASSOCIATION OF ONTARIO

## C.S.A.O. 2011 - 2012 MEDICAL DEVICE REPROCESSING 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. **A photocopy of your certificate is required.**
- ❑ Must be a current CSAO member. **(2011-2012 membership year).**
- ❑ Must work in a Reprocessing Department in a Health Care setting **(Application to be signed by Manager).**
- ❑ The 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 to the CSAO Director of Education.

### COURSE INFORMATION:

- Registration can be done any time from June 1<sup>st</sup> 2011 to Feb 1<sup>st</sup> 2012. No Registrations will be taken after February 1<sup>st</sup> 2012. Start date begins when the course material is mailed.
- The exam date must be set for no later than 3 months after postmark date of shipping on the material shipped to the invigilator. The exam date must be sent to the CSAO Director of Education
- The course must be completed in the three-month time frame. No extensions are permitted.
- Price includes the 2009 Published CSAO Medical Device Reprocessing Manual and Workbook and a Practical Component package.

### EXAM INFORMATION:

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

### PRICE:

\$300.00 plus HST #865266308 RC0001 (\$39.00) = \$339.00 this fee includes the manual and workbook.

Payment only accepted in the form of a certified cheque, money order, hospital cheque, visa or mastercard. Payment is made payable to the C.S.A.O. No personal cheques will be accepted.

### REFUNDS:

- Registration fee is non-refundable. One student cannot substitute for another.



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C.S.A.O. 2011 - 2012 MEDICAL DEVICE REPROCESSING  
RECERTIFICATION COURSE  
REGISTRATION FORM**

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

**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: \$300 plus HST (\$39.00) = \$339.00**

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 payments only)  
705-268-4421