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Certified Registered Central Service Technician Articulation Eligibility Form

Important: This form is required to request and submit official records of completed training, courses, or certification from an Alliance/Articulation Partner agency or institution or initiate credential verification. Please complete the form and follow the instructions specific to your method of eligibility.

Students who have **completed training**, please see the **Purdue Online Central Service Online Technical Training** section below.
Students who are **certified technicians**, please see the **Certified Registered Central Service Technician (CRCST) Credential** section below.

Student Information

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

NAME(S) WHILE ATTENDING SCHOOL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ EMAIL ADDRESS: _____

LAST 4 DIGITS OF SSN: _____ OR STUDENT ID NUMBER: _____ DATE OF BIRTH: _____

EMAIL ADDRESS USED FOR CS ONLINE TECHNICAL TRAINING REGISTRATION (IF APPLICABLE): _____

Purdue Online Central Service Online Technical Training

Purdue Online Students: After successful completion of the Central Service Online Technical Training course, please complete this Articulation Partner Record Request form and submit to Purdue Online. Once you have completed and signed the form, email it to NonCredit@Purdue.edu. The **completed form must be included with the certificate** when submitting documentation to Purdue University Global. Records are only considered official if received with this completed form. Absence of this form will delay the receipt and archival of your record(s) by the Office of the Registrar.

NAME OF ALLIANCE/ARTICULATION PARTNER: Purdue University Online _____

TRAINING/CERTIFICATION: Central Service Online Technical Training 8th Edition _____

START DATE: _____ COMPLETION DATE: _____

Attention Purdue Online Representative: Please use this form to submit the course completion certificate on behalf of the student stated above. Please return a copy of this completed form with the certificate to Document@PurdueGlobal.edu. The **completed form must be included with the certificate** when submitting documentation to Purdue University Global. Records are only considered official if received with this completed document.

Certified Registered Central Service Technician (CRCST) Credential Verification

Current CRCSTs: This form is provided to initiate the request for confirmation of articulation eligibility. The student is solely responsible for initiating this verification. Please return a copy of this completed form to Document@PurdueGlobal.edu.

NAME OF ALLIANCE/ARTICULATION PARTNER: Healthcare Sterile Processing Association (HSPA) _____

TRAINING/CERTIFICATION: Certified Registered Central Service Technician (CRCST) HSPA ID: _____

Permission

I hereby authorize you to forward my course completion certificate and this form to Purdue University Global or to verify information from HSPA regarding my receipt of the CRCST credential.

Student Signature (wet signature or HelloSign e-signature only): _____ Date: _____

Attention: Records will not be accepted as official by Purdue University Global for any of the following reasons, if applicable: 1) stamped with "unofficial copy," 2) received from the student; 3) student name incorrect or illegible; 4) illegible transcript; 5) documentation received without this completed form.