



Certified Medical Device Reprocessing Technician

CONTINUOUS LEARNING FOR CERTIFICATION RENEWAL

Pursuant to the Certified Medical Device Reprocessing Technician Guidebook, Certified Technicians may achieve renewal by choosing one of these options:

- Option 1: Working a minimum of 4,000 hours in a Medical Device Reprocessing area AND completing 100 hours of documented Continuous Learning in medical device reprocessing over the five (5) year certification term
- Option 2: Working a minimum of 3,000 hours in a Medical Device Reprocessing area AND completing 150 hours of documented Continuous Learning in medical device reprocessing over the five (5) year certification term
- Option 3: Working a minimum of 2,000 hour in a Medical Device Reprocessing area AND completing 150 hours of documented Continuous Learning in medical device reprocessing over the five year certification term AND pass the written exam.

Eligibility: Candidates for recertification must have worked a minimum of 4000 hours in a Medical Device Reprocessing area over the five (5) year certification term.

General Guidelines for Earning Continuous Learning (CL) Activities:

- CL activities shall be related to Medical Device Reprocessing.
- Each activity shall be a minimum of .5 hours (30 minutes).
- Each clock hour equals one CL Activity hour. Do not include time for breaks or lunch.
- Examples of CL activities include: conferences, workshops, seminars, employee in-services, formal courses (site-based or web based) at college or university, preceptorship, independent study, presentations, and writing articles or presentation of abstracts related to MDR at conferences/workshops/symposiums.
- No single activity can account for more than 50% of your total hours.

Proof of attendance or publication is required. This may include a certificate of attendance or signature of supervisor/manager. All activities are subject to audit by CSA

Categories of Credit and Guidelines:

1. College or University courses:

Course must be applicable to Medical Device Reprocessing and may include distance education courses. Generally, college or university courses run for one semester (4 months) and each course is equal to 36 CL hours. If you are unsure of the hours allowed for a course, calculate one CL for every clock hour you spend attending the course.

2. Conferences, seminars, workshops:

Calculate the total hours attended, not including lunch or breaks (it is not necessary to break down every individual conference session attended).

3. Employee in-services:

Only sessions of .5 hours (30 minutes) or greater are eligible. Keep a running list of the sessions attended and ask your supervisor or educator to sign the list prior to submitting.

4. Presentations:

For presentations you make to co-workers on topics related to MDR. You may also count preparation time. To calculate preparation time, double the presentation time (i.e. 1 hour presentation + 2 hours preparation = 3 CL hours). If you repeat the exact presentation in the five-year period, it counts as a CL only once. For an oral presentation to a provincial or national conference, you may claim a maximum of 10CL hours for your preparation and presentation. For a poster presentation to a provincial or national conference, you may claim a maximum of 10 CL hours for your preparation and presentation.

5. Preceptorship (Mentorship):

The maximum number of hours you can claim under this activity is 10 hours per year. The preceptorship must be in an MDR area. The intent of preceptorship is to assist the novice in successfully adjusting to a new role. The novice may be a student or an already practicing MDR Technician moving into a new role or setting. Hours must be supervised by a competent technician or role model and must be signed-off prior to submitting.

6. Writing Articles:

Can include publication of materials or research relevant to MDR. The publication may be in a recognized professional journal or newsletter. Include a copy of the publication with recertification application. For an article or paper, allot 15 CL hours. Research projects must have been completed during the five-year certification term.

7. Independent Study:

You may include reading articles and answering the test questions that appear in professional journals (i.e. CEU articles) and must provide proof of successful completion. CL hours equals the number of hours as stated in the journal.



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This log must be completed, signed, dated and returned. Incomplete logs will result in a delay of certification renewal. I certify the following to be true and correct:

Name: _____ Cert #: _____

Address: _____

Signature: _____ Date: _____

SUPPORTING DOCUMENTATION IS REQUIRED AT THIS TIME

Categories of Continuous Learning according to CSA Standards Certification Handbook

| | | | |
|----------|----------------------------------|----------|----------------------------|
| A | College or University Course | E | Preceptorship (Mentorship) |
| B | Conferences, seminars, workshops | F | Writing Articles |
| C | Employee In-Services | G | Independent Study |
| D | Presentations | | |

DOCUMENTATION OF CONTINUING LEARNING REQUIREMENTS

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|--|
| Category of Credit (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G Course Title/Subject Matter: _____ Location: _____ Date: _____ #Hours: _____ |
| Category of Credit (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G Course Title/Subject Matter: _____ Location: _____ Date: _____ #Hours: _____ |
| Category of Credit (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G Course Title/Subject Matter: _____ Location: _____ Date: _____ #Hours: _____ |
| Category of Credit (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G Course Title/Subject Matter: _____ Location: _____ Date: _____ #Hours: _____ |
| Category of Credit (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G Course Title/Subject Matter: _____ Location: _____ Date: _____ #Hours: _____ |

TOTAL # HOURS COMPLETED: _____

THIS FORM MAY BE DUPLICATED AS NEEDED AND STAPLED TO THE ORIGINAL