

2008 Certified Surgical Technologist (CST) Renewal Application



THE NATIONAL BOARD
OF SURGICAL TECHNOLOGY
AND SURGICAL ASSISTING



INSTRUCTIONS:

Please READ THIS ENTIRE PAGE, and PRINT CLEARLY AND COMPLETELY all information requested. Allow 3-4 weeks for processing of your certification renewal. For questions, call NBSTSA at 1-800-707-0057.

The application form must be typed or legibly printed using blue or black ink.

1. Select the option which applies to you, and ATTACH THE DOCUMENTS indicated as required for review of that option.
2. Attach proof of identification, and photo as required.
3. Include payment information.

Last Name, First, Middle Initial		(PLEASE PRINT)	
Maiden Name		Other Name(s) You Have Used (if applicable, please include documentation of name change)	
Mailing Address (include apartment # if applicable) City		State	Zip Code
()	()	()	
Home Phone Number	Work Phone Number	Alternate Number	
Certification Number	Social Security Number	Email	

Are you a National Member of AST? No Yes, member number _____

NOTE: NBSTSA requires original signatures on all application forms; therefore, faxed copies of the completed applications will not be accepted in the NBSTSA office. If you have any questions about completing this application, please contact the NBSTSA Certification Department directly at (800)707-0057 or you may email questions to mail@nbstsa.org.

PLEASE CHECK THE BOX THAT APPLIES TO YOU:

Renew my Certified Surgical Technologist

- Recertify by credits.** I have earned all my continuing education credit prior to my expiration date. I am enclosing payment of the \$40 renewal fee. Credits must be sent to AST for processing. Call 800-637-7433 for information.
- Recertify by exam.** I do not have enough credits to renew my certification. I choose to demonstrate competency through examination. I am enclosing payment of the \$499.

TAPE PHOTO HERE

Required Identifying Documents:

- 2 inch by 2 inch Color Passport Quality Photo (white background only)
- Copy of AST Membership Card (if applicable)
- Copy of Driver's License or State ID

FEES:

- Renewal by credits \$40
- Renewal by exam \$499

Candidates must submit all credits to AST for processing. Call 800-637-7433 for additional information.

RUSH: Please rush my application. I've enclosed the non-refundable \$50 fee in addition to other fees.

***Rush processing available to those who pay with credit card only.**



2008 CST Renewal Application...Continued



Forms of Payment:

Please provide payment information below: Money Order Personal Check Institutional Check Visa MasterCard
(make checks payable to NBSTSA)

Card Number	Name (as it appears on card)	Expiration Date
		\$
Signature		Amount Charged

***Name on Credit Card must match the name on the application**

IMPORTANT: Candidates must sign the following statement.

I do hereby acknowledge that all the information submitted in connection with my application to the certification program is true and correct to the best of my knowledge. I understand that falsified information on this application is grounds for denial of acceptance for examination or certification revocation, and may bar me from future certifications. I further acknowledge and agree that the NBSTSA may release my examination scores and credentialed status to state agencies in those states which regulate the practice of surgical technology, to accredited surgical technology education programs, and NBSTSA recognized programmatic accreditation agencies.

Printed Name of Applicant	Signature of Applicant	Date
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Refund: The following fees are NON-refundable: renewal fee, application processing fee, RUSH processing fee, and/or exam fee after the approval of the application and issuance of an Authorization to Test letter.

Return this form, the necessary documentation, and your entire fee to:

National Board of Surgical Technology and Surgical Assisting, 6 West Dry Creek Circle Suite 100, Littleton, CO 80120