

**National Board of Surgical Technology and Surgical Assisting (NBSTSA)
Examination Administrator Request Form**

If you are interested in becoming an NBSTSA Examination Administrator, please complete and return this form by mail, fax or e-mail to: AMP, 18000 W. 105th St., Olathe, KS 66061 - Fax: 913-895-4650 - e-mail: kjolly@goamp.com.

1. Name of Institution: _____
2. Business Address (street/city/state/zip): _____

3. Exact location of testing room(s) (building/room name/room number):

4. Name of Testing Supervisor (must not be primarily associated with the Surgical Technology program): _____

Testing Supervisor contact information:

5. Daytime Telephone: (____) _____
6. Cell phone: (____) _____
7. Fax Number: (____) _____
8. E-mail address: _____
9. Room Capacity (# of examinees that can be tested at any one time): _____
10. Comments: _____

Thank you for your interest in becoming an NBSTSA Examination Administrator.