

# 2012 Certified Surgical First Assistant (CSFA) Examination Application



## INSTRUCTIONS:

Please read this entire page, print legibly and complete all information requested. Allow 4-6 weeks for processing of your examination application. 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 (**Legal name**), Middle (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

Social Security Number Email

CST Certification Number (if applicable)

Are you a National Member of ASA or 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.

## ELIGIBILITY OPTIONS:

A complete listing of the eligibility requirements for each education level is presented below. Please check the appropriate eligibility level box (**mark only one box**) next to the requirement you meet. **IMPORTANT NOTE:** You must meet the eligibility requirement you select. Documentation of all work experience, education, and/or previous certification claimed must be attached to your completed application. Incomplete applications will not be accepted.

### Eligibility Option:

Graduate of a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited surgical first assistant program. Documentation required for review: Transcripts, diploma, or a notarized signed letter from the program director showing graduation from surgical first assistant program.

CST with Currency, must have a minimum of 350 cases and 2 full years during the last four years of work experience as a surgical first assistant. Documentation required for review: Evidence of current CST certification. Two notarized Surgical Experience Verification forms from two separate supervisors and case logs. (Surgeon/ Department Supervisor).

CSA (Certified Surgical Assistant) or SA-C (Surgical Assistant-Certified) with Currency. Documentation required for review: Evidence of 50 Continuing Education Credits. Two notarized Surgical Experience Verification forms from two separate supervisors. (Surgeon/ Department Supervisor). A copy of your certification document from NSAA or ABSA. An official transcript showing successful completion of an Associate's Degree or higher.

## EDUCATION:

Indicate your highest education level achieved by checking the appropriate box provided (check only one box).

- |  |  |
|--|--|
| <input type="checkbox"/> No high school diploma or GED       | <input type="checkbox"/> BA, BS, or other 4 year degree                  |
| <input type="checkbox"/> GED                                 | <input type="checkbox"/> MA, MS, or MSA level degree                     |
| <input type="checkbox"/> High school diploma or GED          | <input type="checkbox"/> PhD, DVM, DDS, MD, or other professional degree |
| <input type="checkbox"/> AA, AS, AAS, or other 2 year degree |  |

TAPE PHOTO HERE

2x2 passport quality photo (white background only) for certification card.



## 2012 CSFA Examination Application... Continued

### SPECIAL ACCOMMODATIONS:

Are you requiring special testing arrangements due to physical impairment(s) or disability?  Yes  No

**If yes:** you must include with this application the special examinations accommodations request form.

**Important:** review guidelines for documenting special accommodations. The guidelines and request form can be obtained in the back of the CSFA Candidate Handbook.

### FEES:

AST Member \$190. All others \$290.

In addition to the standard CST/CSFA card/ certificate, would you like a separate card/ certificate reflecting your CSFA only (\$10 additional fee required)?  Yes  No

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

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

Total enclosed:  \$190  \$200  \$240  \$250  \$290  \$300  \$340  \$350

### Forms of Payment:

**\*Name on credit card must match the applicants name. NBSTSA does not accept third party credit card payments.**

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

**IMPORTANT:** All applicants 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 first assisting, to accredited surgical first assisting education programs, NBSTSA recognized programmatic accreditation agencies and NBSTSA contracted vendors.*

Printed Name of Applicant

Signature of Applicant

Date

**IMPORTANT:** All on campus (WBT) examination applicants must sign the following statement.

*I do hereby acknowledge as a WBT examination candidate that proof of graduation MUST be submitted to the NBSTSA within 60 days of my actual examination date in order for my examination results to be released. Failure to produce graduation proof will result in invalidation of examination results and forfeiture of all examination fees.*

Printed Name of Applicant

Signature of Applicant

Date

NBSTSA mails credential renewal notifications to individuals holding the CST and/or CSFA credentials.

**Would you like to receive other communication from the NBSTSA?**  Yes  No

**Refund:** The following fees are NON-REFUNDABLE: application processing fees, RUSH processing fee, and/or exam fee after the approval of the application and issuance of an Authorization to Test letter.

### RETURN THIS FORM, ALL NECESSARY DOCUMENTATION, AND ENTIRE FEE TO:

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

# NBSTSA Surgical Experience Verification Form

## Certified Surgical First Assistant Examination (For CSA/SA-C Candidates)



THE NATIONAL BOARD  
OF SURGICAL TECHNOLOGY  
AND SURGICAL ASSISTING

**IMPORTANT:** Candidate MUST supply **TWO** Surgical Experience Verification forms from **TWO** separate supervisors (Surgeon/Department Supervisor). The NBSTSA Surgical Experience Verification Form is valid for two years from the date it is notarized.

### CANDIDATE INFORMATION:

Last Name, First (**Legal name**), Middle (PLEASE PRINT)

\*\*\* \_ \*\* \_

Last 4 digits of Social Security Number

CST Certification Number (if applicable)

Signature

Date

### SURGICAL FIRST ASSISTANT DEFINITION:

As defined by the American College of Surgeons, the surgical first assistant provides aid in exposure, hemostasis, and other technical functions that will help the surgeon carry out a safe operation with optimal results for the patient. This role will vary considerably with surgical procedure, specialty, and type of facility.

### EXAMINATION ELIGIBILITY:

Candidate establishing eligibility for the Certified Surgical First Assistant (CSFA) must hold current Certified Surgical Assistant (CSA) or Surgical Assistant-Certified (SA-C) certification and have an Associate's Degree or higher. Candidates applying under this eligibility must provide evidence of current certification by the National Surgical Assistants Association (NSAA) or the American Board of Surgical Assistants (ABSA) along with official transcripts of a minimum of Associate's Degree. Candidate is required to have evidence of 50 Continuing Education Credits earned within two years prior to the application date. CE Credits must meet the criteria as defined by the most current edition of the "AST Continuing Education Policies for the CST & CSFA." Candidate is also required to provide two verification forms demonstrating operative case experience as defined by the most current edition of the AST Core Curriculum for Surgical Assisting.

### SECTION I: Surgeon/Department Supervisor (To be supplied by supervisor)

Instructions: This form must be filled out completely (no blanks) and submitted with a completed CSFA application.

Complete all information in Section I. Please print legibly in blue or black ink.

Surgeon/Department Supervisor

Job Title

Facility/Institution

Mailing Address (include apartment # if applicable) City

State

Zip Code

Phone Number

Fax Number

Email

Applicant's First Assistant Experience Start Date (mm/dd/yyyy)

Applicant's First Assistant Experience End Date (mm/dd/yyyy)

Total number of cases you have supervised



# NBSTSA Surgical Experience Verification Form... Continued

## AST CORE CURRICULUM FOR SURGICAL ASSISTING CASE REQUIREMENT:

### SECTION II: (To be completed by supervisor named in Section I)

Candidates MUST function in the operating room at all times in the PRESENCE and under the DIRECT observation/supervision of the surgeon for the experience to be applicable to the examination eligibility requirements.

### Minimal Requirements Met:

#### I. 135 Total Surgical Procedures in the first assistant role of which:

- a. 35 must be in General Surgery
- b. 50 must be in a specific surgical specialty area
- c. 50 may be completed in any combination of other suggested surgical specialty areas\*

#### Surgeon/Department Supervisor's verification of work experience:

Yes, I verify that, to the best of my knowledge, this applicant's information about work experience at this facility is true.

No, The correct information is:

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Supervisor's Signature (Must be notarized)

Date

Last Name, First (**Legal name**), Middle (PLEASE PRINT)

Job Title

Phone Number

**Notary Public**

My Commission Expires



\*AST Surgical First Assistant Core Curriculum Suggested Specialities:

- Cardiovascular
- ENT
- Eye
- Genitourinary
- Neurosurgery
- OB-GYN
- Oral/Maxillofacial
- Orthopedic
- Pediatric
- Peripheral Vascular
- Plastic
- Procurement/Transplant
- Thoracic
- Trauma



THE NATIONAL BOARD  
OF SURGICAL TECHNOLOGY  
AND SURGICAL ASSISTING



## Reporting Form for Submitting CE Credits to NBSTSA

***Use this form only if you are a CSA or SA-C who is applying for the CSFA Examination.***

50 CE Credits must have been earned within the two years prior to the date of application for the CSFA Examination and must be relevant to the practice of surgical assisting. 50 to 60 minutes of activity equals one CE Credit. Likewise, 30 minutes of activity equals half a CE Credit, and one hour and 15 minutes of activity equals 1.25 CE Credits, etc. CE Credits must meet criteria as defined by the most current edition of the “AST Continuing Education Policies for the CST and CSFA”, listed at <http://www.ast.org/professionals/documents/ASTCEPoliciesfortheCSTCSFArevisedNov2011.pdf>

### **DOCUMENTATION OF EACH ACTIVITY MUST BE INCLUDED WITH THIS FORM.**

For questions call 800-707-0057 or visit [www.nbstsa.org](http://www.nbstsa.org).

Submit this form along with the application, other required documentation and fee to:

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

Fill in all personal information (address, telephone number, etc.) on at least the first page.

You may fill in only your name on subsequent pages if all pages are submitted together.

Name	CSA or SA-C	Certification Number	Current Certification Cycle Dates
Street Address	City	State	Zip Code
Daytime Telephone Number	Email Address	Employer's Name	

Month/Day/Year Earned (list in chronological order)	Name of Educational Activity (specific name/title of activity)	Provider Name and Location (specify if in-service through employer)	Number of Credits for Activity	NBSTSA Use Only
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Total CE Credits on this page \_\_\_\_\_

I acknowledge that this is a true representation of CE Credits earned. Signature \_\_\_\_\_ Date \_\_\_\_\_

NBSTSA use only: Staff Reviewer \_\_\_\_\_ Date \_\_\_\_\_ Total Not Accepted \_\_\_\_\_ Total Approved \_\_\_\_\_