

2012 Certified Surgical First Assistant (CSFA) Renewal 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

*** _ ** _

Certification Number Last 4 digits of Social Security Number Email

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.

PLEASE CHECK THE BOX THAT APPLIES TO YOU:

Renew my Certified Surgical First Assistant:

Recertify by credits. I have earned all my continuing education credit prior to my expiration date.

I am enclosing payment of the \$50 renewal fee. Credits must be sent to AST for processing. Call 800-637-7433 for information.

Recertify by examination. I do not have enough credits to renew my certification.

I choose to demonstrate competency through examination. I am enclosing payment of \$399 (AST member) or \$499 (non member).

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:

Renewal by credits \$50

Renewal by examination:

\$399 (AST member) or \$499 (non member)

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: \$50 \$60 \$100 \$110 \$399 (AST member) \$499 (non member)
 \$409 \$509 \$549

TAPE PHOTO HERE

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

Candidates **MUST** submit all credits to AST for processing prior to certification expiration. Call 800-637-7433 for additional information.



THE NATIONAL BOARD
OF SURGICAL TECHNOLOGY
AND SURGICAL ASSISTING

2012 CSFA Renewal Application... Continued

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 technology and/or surgical assisting, to accredited education programs, NBSTSA recognized programmatic accreditation agencies and NBSTSA contracted vendors.

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.