

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 CST with Currency 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

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:

Candidates establishing eligibility for the Certified Surgical First Assistant (CSFA) examination MUST have completed a minimum of 350 cases and two full years of surgical first assistant experience during the last four.

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 and case logs. 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

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

Instructions: Please check the items below which the applicant has accomplished, under your supervision.

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.

Experience Verification (appropriate demonstration of):

1. Exposure (BOTH items required of all applicants)

- Positions patient for procedures without direction.
- Selects, places and holds retractors without direction.

2. Hemostasis (BOTH items required of all applicants)

- Suctions and sponges without direction.
- Applies hemostatic devices without direction.

3. Tissue Handling (BOTH items required of all applicants)

- Demonstrates knowledge and assessment of tissue types.
- Provides traction and counter-traction without direction.

4. Sutures Tissue/ Ties Suture

- Demonstrates ability to suture all abdominal layers; **OR**
- Demonstrates ability to perform all types of suturing techniques.

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:

Supervisor's Signature (Must be notarized)

Date

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

Job Title

Phone Number

Notary Public

My Commission Expires



Candidates Name: John Doe

Case #	Date of Procedure:	Procedure Performed:	Candidates Participation (Must specify candidate in a surgical first assistant role)
1)	12/28/2009	CHEST - PLEURAL CATHETER INSERTION	Surgical First Assistant
2)	1/13/2010	CORONARY ARTERY BYPASS GRAFT	Surgical First Assistant
3)	2/17/2010	CABG - OPEN HEART - BRING BACK	Surgical First Assistant
4)	4/4/2010	AORTIC VALVE REPLACEMENT RE - DO	Surgical First Assistant
5)	5/1/2010	PACEMAKER INSERTION	Surgical First Assistant
etc.			

Procedure information should be listed in chronological order.