

2012 Certified Surgical Technologist (CST) 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

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.

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 surgical technology program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).
Documentation required for review: Transcripts, copy of diploma or a notarized signed letter from the program director of graduation date. Note: The program director's letter showing graduation must be on official school letterhead.
- Graduate of a surgical technology accredited by the Accrediting Bureau of Health Education Schools (ABHES).
Documentation required for review: Transcripts, copy of diploma or a notarized signed letter from the program director of graduation date. Note: The program director's letter showing graduation must be on official school letterhead.
- Graduates of a military training surgical technology program.
Documentation required for review: DD214 demonstrating graduation and a notarized verification form from candidate's commanding officer or current surgical department director attesting to completion of surgical case experiences as defined by the most current edition of the Core Curriculum for Surgical Technology.

NEW APPLICANT:

Name of School City, State

EDUCATION:

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

- No high school diploma or GED
- GED
- High school diploma or GED
- AA, AS, AAS, or other 2 year degree
- BA, BS, or other 4 year degree
- MA, MS, or MSA level degree
- PhD, DVM, DDS, MD, or other professional degree

TAPE PHOTO HERE

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



2012 CST Examination Application... Continued

2.) Indicate your highest education award received in surgical technology (check only one box).

- Certificate Associate's
 Diploma Bachelor's

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 CST Candidate Handbook.

FEES:

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

***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 \$240 \$290 \$340

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

Printed Name of Applicant	Signature of Applicant	Date
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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
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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.