## 2022 Certified Surgical First Assistant (CSFA) Examination Application



Please read entire application and complete fully. Allow 4 - 6 weeks for processing. If you have any questions, please contact the NBSTSA Certification Department directly at (800) 707-0057 or email questions to mail@nbstsa.org.

Current Last Name	First (Legal name)	Middle			
Other Names You Have Used (6	e.g., maiden name, etc. Please include copy o	of legal documentation to change	name on file.)		
Mailing Address (include apartment # if applicable)		City State Zip Co			
Home Phone Number	Work Phone Number	Cell Number			
Date of Birth	Certification Number				
Primary Email					
Are you a member of AST	? □ No □ Yes, member number				
ELIGIBILITY:					
Copy of a diploma, transcript o	edited Surgical First Assistant program. r notarized and signed letter from Program Direct received. Must be on official school letterhead.	or or registrar stating date of graduation	on from the surgical first assistant		
☐ Retake					
Please note, original documents suc	ch as social security cards and marriage certific	ates should not be provided. Copies	only.		
□ EDUCATION:					
Name of School		City, State			
Pre-grad application (not testing If testing with class on campus (	on campus) 🗆 Yes 🗅 No WBT), list school code and test date:				
If you are requesting special account and/or any other documentation	IONS:  ng accommodations due to physical impairm  ommodations, you must include a comprehe  n which will assist in an informed decision by  Documenting a Request for Test Accommo	ensive report from a qualified physother the NBSTSA regarding your requ			
Overseas testing: Are you re	equesting overseas testing? ☐ Yes ☐ No (If	yes, please email NBSTSA at mail	@nbstsa.org)		
• AST Member \$190 • All others \$290					
If you are a current CST and wis	th to have a separate CSFA only card/certifi	cate, for an additional \$10.00 fee,	check here: 🗖		
	cation. I've enclosed the non-refundable \$50 ness days. Excludes mailing time to the cand				
Total enclosed: ☐ \$190 (AST me	ember) 🏻 \$240 (Member with rush) 🖵 \$29	0 (Non-member) 🗖 \$340 (Non-	member with rush)		

Forms of Payment:								
☐ Money Order ☐ Personal Check ☐ Institutional Che *Please make checks payable to "NBSTSA".	eck □ Visa □ Mas	sterCard						
Billing Address (only if different from applicant info)		City		State	Zip Code			
Card Number	Security Code	Expiration Date	\$ Amount Charged					
Signature (authorizes payment)	Name	(as it appears on card)						
0.8		(40 10 47 7 111 7 111 7 111 7						
I do hereby acknowledge that all the information submitted in connect I understand that falsified information on this application is grounds for or renewals. I further acknowledge and agree that the NBSTSA may rele of surgical technology, current/potential employers, surgical education vendors involved in the process of certification. I understand that NB publications from time to time such as when the NBSTSA is congratula Printed Name of Applicant	denial of acceptance for elease my examination sco programs attended, NB BSTSA CST/CSFA certific	r examination or certification re cores and credentialed status to BSTSA recognized programmat cants may also have their nar cc.	evocation, and may bar me fro agencies such as those which tic accreditation agencies an	rom future of ich regulate and NBSTSA	certifications the practice A contracted			
IMPORTANT: All pre-graduate examination ap	pplicants must s	ign the following sta	atement:					
I do hereby acknowledge as a pre-graduate examination candidate tha in order for my examination results to be released. Failure to produce g								
Printed Name of Applicant	Signature of App	plicant	Date					
Would you like to receive other communication (i.e. Certification renewal reminders, newsletter, etc.)	on from the NB	STSA? • Yes • No						

Once approved, NBSTSA provides candidates with an Authorization To Test number (ATT), and both the phone number and web address to contact the testing agency to schedule the examination.

**Retesting:** Surgical First Assistant candidates who are unsuccessful in passing the examination may resubmit an application immediately; however, they are limited to taking three (3) examinations in one (I) calendar year. Candidates are required to resubmit an application and payment each time.

**Refund:** The following fees are NON-REFUNDABLE: application processing fees (\$60.00), RUSH processing fee (\$50.00) and/or examination fee after the approval of the application and issuance of an Authorization To Test letter (ATT).

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

The National Board of Surgical Technology and Surgical Assisting 3 West Dry Creek Circle Littleton, CO 80120

All NBSTSA forms are available and can be submitted online at www.nbstsa.org.