



THE NATIONAL BOARD  
OF SURGICAL TECHNOLOGY  
AND SURGICAL ASSISTING

# Initial Currency Application (Pre September 1, 1977)

If you were certified prior to September 1, 1977 and want to be "current" (on a certification cycle), please complete the form below. If you have any questions, contact the NBSTSA Recertification Department directly at (800) 707-0057 or email questions to mail@nbstsa.org. Allow 4 - 6 weeks for processing.

Current Last Name

First (**Legal name**)

Middle

Other Names You Have Used (e.g., maiden name, etc. Please include copy of legal documentation to change name on file.)

Mailing Address (include apartment # if applicable)

City

State

Zip Code

Home Phone Number

Work Phone Number

Cell Number

Social Security Number

Certification Number

Original Certification Date

Primary Email

**Are you a member of AST/ASA?**  No  Yes, member number \_\_\_\_\_

## PLEASE CHECK THE BOX THAT APPLIES TO YOU:

- Obtain currency by credits.** Enclosed is a copy of verification from the AST that my 60 credits have been processed.
- Obtain currency by examination.** I choose to take the national certifying examination for the surgical technologist to become current.

Enclosed is a copy of my:

- Current Driver's license or State ID
- Passport
- Naturalization Paperwork

## SPECIAL ACCOMMODATIONS:

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

If you are requesting special accommodations, you must include a comprehensive report from a qualified physician describing your disability and/or any other documentation which will assist in an informed decision by the NBSTSA regarding your request for accommodations as described in the Guidelines For Documenting a Request for Test Accommodations.

## FEES:

- Renewal by credits \$25
- Renewal by examination: \$190 (AST/ASA member) or \$290 (non member)

**RUSH:** Please rush my application. I've enclosed the non-refundable \$50 fee **in addition** to examination fees. Rush processing will process your application within 3-5 business days. Excludes mailing time to the candidate.

TAPE COLOR PHOTO HERE

2x2 color passport photo only.



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## Forms of Payment:

Money Order  Personal Check  Institutional Check  Visa  MasterCard  Discover

\*Please make checks payable to "NBSTSA".

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)

### 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 or renewals. I further acknowledge and agree that the NBSTSA may release my examination scores and credentialed status to agencies such as those which regulate the practice of surgical technology, current/potential employers, surgical education programs attended, NBSTSA recognized programmatic accreditation agencies and NBSTSA contracted vendors involved in the process of certification. I understand that NBSTSA CST/CSFA certificants may also have their names and credentials published in various NBSTSA publications from time to time such as when the NBSTSA is congratulating new certificants, etc.*

Printed Name of Applicant

Signature of Applicant

Date

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

Currency by exam candidates: 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.

**Refund:** The following fees are NON-REFUNDABLE: Application processing fee (\$60.00), RUSH processing fee (\$50.00). Refunds will not be issued once application form is processed and an Authorization to Test Letter issued.

### 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](http://www.nbstsa.org).