



**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.*

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Printed Name of Applicant Signature of Applicant Date

**IMPORTANT: All pre-graduate examination applicants must sign the following statement:**

*I do hereby acknowledge as a pre-graduate 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.*

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Printed Name of Applicant Signature of Applicant Date

**Would you like to receive other communication from the NBSTSA?**  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 two (2) examinations in a six (6) month period. Candidates are required to resubmit an application and payment each time. Experience Verification Forms are good for two (2) years from the date they were notarized.

**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.

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

The National Board of Surgical Technology and Surgical Assisting  
 PO Box 176269  
 Denver, CO 80217

Certified mail and packages should be sent to:  
 The National Board of Surgical Technology and Surgical Assisting  
 3 West Dry Creek Circle  
 Littleton, CO 80120

All NBSTSA forms are available online at [www.nbstsa.org](http://www.nbstsa.org).

