

# 2020 Certified Surgical First Assistant (CSFA) Renewal 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](mailto:mail@nbstsa.org).

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Current Last Name	First ( <b>Legal name</b> )	Middle
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Other Names You Have Used (e.g., maiden name, etc. Please include copy of legal documentation to change name on file.)

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Mailing Address (include apartment # if applicable)	City	State	Zip Code
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Home Phone Number	Work Phone Number	Cell Number
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Social Security Number	Certification Number
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Primary Email

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

**PLEASE CHECK THE BOX THAT APPLIES TO YOU:**

- Recertify by credits.** All continuing education credits must be earned prior to expiration date (for number of credits needed go to [nbstsa.org](http://nbstsa.org)). Credits must be submitted to AST for processing. Call (800) 637-7433 or visit [ast.org](http://ast.org) for more information.
- Recertify by examination.** I choose to demonstrate competency through examination.

**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 fee \$0 through 12/31/2020 due to COVID-19
- Renewal by examination: \$399 (AST/ASA member) or \$499 (non member)

If you are a current CST and wish to have a separate CSFA only card/certificate, for an additional \$10 fee, check here:

**LATE FEES:**

Late renewal fees \$0 through 12/31/2020 due to COVID-19.

**IMPORTANT:** Credits must be earned during, not after certification expiration. Some certification cycles have been extended due to COVID-19. Please see [nbstsa.org/nbstsa-response-covid-19-coronavirus](http://nbstsa.org/nbstsa-response-covid-19-coronavirus) for details.

\*Only applies to candidates renewing by credits.

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

**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

*(i.e. Certification renewal reminders, newsletter, etc.)*

**Refund:** The following fees are NON-REFUNDABLE: application processing fees (Examinations \$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  
 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).

