

2023 Certified Surgical First Assistant (CSFA) Renewal Application



Please read entire application and complete fully. 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
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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.)

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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Date of Birth	Certification Number
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Primary Email

Are you a member of AST? 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). Credits must be submitted to AST for processing. Call (800) 637-7433 or visit 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 \$25
- Renewal by examination: \$299 (AST member) or \$399 (non member)

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), 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.