2023 Certified Surgical First Assistant (CSFA) Examination 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			
Other Names You Have Used (6	e.g., maiden name, etc. Please include copy o	of legal documentation to change na	ime on file.)		
Mailing Address (include apartm	ent # if applicable)	City	State	Zip Code	
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 of	edited Surgical First Assistant program. r notarized and signed letter from Program Direct eceived. Must be on official school letterhead.	or or registrar stating date of graduation	from the surgical first c	ossistant	
	ch as social security cards and marriage certific	rates should not be brovided. Cobies or	alv		
□ EDUCATION:	and social security eards and marriage certains	aces should not be provided. Ediples of	.,,.		
Name of School		City, State			
Pre-grad application (not testing If testing with class on campus (g on campus) 🗆 Yes 🗅 No WBT), list school code and test date:				
If you are requesting special accand/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 physic the NBSTSA regarding your reque			

FEES:

- AST Member \$190
- All others \$290

Total enclosed: ☐ \$190 (AST member) ☐ \$290 (Non-member)

Forms of Payment:				
□ Money Order □ Personal Check □ Instituti Please make checks payable to "NBSTSA".	ional Check 🛭 Visa 🗖 Mas	sterCard 🖵 Discover		
Billing Address (only if different from applicant inf	·o)	City	State	Zip Cod
			\$	
Card Number	Security Code	Expiration Date	Amount Charged	
ignature (authorizes payment)	Name	(as it appears on card)		
IMPORTANT: All applicants must sign of a do hereby acknowledge that all the information submitted I understand that falsified information on this application is gor renewals. I further acknowledge and agree that the NBS of surgical technology, current/botential embloyers, surgical	ed in connection with my applicatio grounds for denial of acceptance for SA may release my examination sco	n to the certification progro examination or certification ores and credentialed status	revocation, and may bar me from fu to agencies such as those which reg	ture certifications ulate the practice
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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), 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.