2025 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		
Current Last Ivanie	riist (Legal Harrie)	i ildule		
Other Names You Have Used (e	.g., maiden name, etc. Please include copy	of legal documentation to change	name on file.)	
Mailing Address (include apartme	ent # if applicable)	City	State	Zip Code
Home Phone Number	Work Phone Number	Cell Number		
Date of Birth	C			
Primary Email				
Are you a member of AST?	□ No □ Yes, member number			
ELIGIBILITY:				
ti' Copy of a diploma, transcript or program and the type of degree re Retake	dited Surgical First Assistant program. notarized and signed letter from Program Direc ceived. Must be on official school letterhead.			sistant
Please note, original documents such EDUCATION:	h as social security cards and marriage certifi	icates should not be provided. Copies	s only.	
Name of School		City, State		
Pre-grad application (not testing If testing with class on campus (V	on campus) Yes No VBT), list school code and test date:			
If you are requesting special accordand/or any other documentation	ONS: g accommodations due to physical impair mmodations, you must include a comprehe which will assist in an informed decision by ocumenting a Request for Test Accommo	ensive report from a qualified physic the NBSTSA regarding your requ		
Overseas testing: Are you red	questing overseas testing? \Box Yes \Box No (If	yes, please email NBSTSA at mai	il@nbstsa.org)	
FEES: AST Member \$240 All others \$350				
Total enclosed: □ \$240 (AST me	mber) □ \$350 (Non-member)			

□ RUSH (First Time Test takers only): Please rush my application. I've enclosed the non-refundable \$85 fee in addition to examination fees.

Rush processing will process your application within 3-5 business days. Excludes mailing time to the candidate.

IMPORTANT: All applicants must sign the following: I do hereby acknowledge that all the information submitted in connection wit I understand that falsified information on this application is grounds for denial of or renewals. I further acknowledge and agree that the NBSTSA may release my of surgical technology, current/potential employers, surgical education program vendors involved in the process of certification. I understand that NBSTSA CS publications from time to time such as when the NBSTSA is congratulating ne	rity Code Name (a statement: th my application cacceptance for e examination scon s attended, NBS' ST/CSFA certifica	City Expiration Date as it appears on card to the certification programination or certification res and credentialed statu TSA recognized program	\$ Amount C	rect to the best of y bar me from futu s those which regul agencies and NBS'	are certifications ate the practice TSA contracted
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4	nature of Appl	cc.	Date	ials published in vo	ırious NBSTSA
IMPORTANT: All pre-graduate examination applicar I do hereby acknowledge as a pre-graduate examination candidate that proof o in order for my examination results to be released. Failure to produce graduation	of graduation MU	IST be submitted to the N	NBSTSA within 60 day		
Printed Name of Applicant Sign	nature of Appl	icant	Date		

Once approved, NBSTSA provides candidates with an Authorization To Test email (ATT) to schedule 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 (\$100.00). 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.