2025 Certified Surgical First Assistant (CSFA) Examination Application

THE NATIONAL BOARD
OF SURGICAL TECHNOLOGY
AND SURGICAL ASSISTING

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 (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

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:

Eligibility Option:
□ Graduate of a CAAHEP accredited Surgical First Assistant program.
ti' *Copy of a diploma, transcript or notarized and signed letter from Program Director or registrar stating date of graduation from the surgical first assistant program and the type of degree received. Must be on official school letterhead.*

□ Retake

Please note, original documents such as social security cards and marriage certificates should not be provided. Copies only.

□ **EDUCATION:**

Name of School City, State

Pre-grad application (not testing on campus) □ Yes □ No
If testing with class on campus (WBT), list school code and test date: _____

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.

Overseas testing: Are you requesting overseas testing? □ Yes □ No (If yes, please email NBSTSA at mail@nbstsa.org)

FEES:
- AST Member $240
- All others $350

Total enclosed: □ $240 (AST member) □ $350 (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

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.

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.)

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 (1) 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 email (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.