2025 Certified Surgical Technologist (CST) 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

Primary Email

Are you a member of AST? □ No □ Yes, member number_____

ELIGIBILITY OPTIONS:
Check the appropriate eligibility level box. Incomplete applications will not be accepted.
*Proof of graduation must include school name, date of graduation and type of degree received.

Eligibility Option (please select one of the following and include all required documents):

□ Graduate of a CAAHEP or ABHES accredited Surgical Technology Program.
∨ Copy of a diploma, transcript or notarized and signed letter from Program Director or registrar stating date of graduation from the surgical technology program and the type of degree received. Must be on official school letterhead.

□ Graduates of a military training surgical technology program.
∨ Copy of a diploma, DD214 or Joint Services Transcript (Must state the location of the military base where the program was completed.)

□ 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 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 $230
- All others $340

Total enclosed: □ $230 (AST member) □ $340 (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.

2025 CST Examination Application... Continued

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 On-Campus Examination (WBT) and pre-grad applicants must sign the following statement:

I do hereby acknowledge as an WBT 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 release. 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 Technologist 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 fee ($100.00). Refunds will not be issued once application form is processed and an Authorization To Test email (ATT) 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.