

## Initial Currency Application (Pre September 1, 1977)

If you were certified prior to September I, 1977 and want to be "current" (on a certification cycle), please complete the form below. If you have any questions, contact the NBSTSA Recertification Department directly at (800) 707-0057 or email questions to mail@nbstsa.org. Allow 4 - 6 weeks for processing.

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	e.)	
Mailing Address (include apartmen	nt # if applicable)	City	State	Zip Code
Home Phone Number	Work Phone Number	Cell Number		
Social Security Number	Certification Number	Original Certification Date		
Primary Email				
Are you a member of AST/A	ASA?   No  Yes, member number			
PLEASE CHECK THE BOX	THAT APPLIES TO YOU:			
□ Obtain currency by examin	Enclosed is a copy of verification from the nation. I choose to take the national certifying we a certification wallet card for an additional	g examination for the surgical technologist		urrent
Enclosed is a copy of my:				
<ul><li>□ Current Driver's license or State</li><li>□ Passport</li><li>□ Naturalization Paperwork</li></ul>	te ID			
SPECIAL ACCOMMODATION	ONE.			

#### SPECIAL ACCOMMODATIONS:

Are you requesting special testing accommodations due to physical impairment(s) or disability?  $\Box$  Yes  $\Box$  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**:

- · CST Renewal by credits: \$40.
- CST Renewal by examination: \$440 (AST member) or \$540 (non member). A complimentary certification wallet card will be issued with a
  passing score.
- Optional certification wallet card for individuals renewing by CE credit: \$10
- □ **RUSH:** 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.



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Forms of Payment:				
□ Money Order □ Personal Check □ Institutional Ch *Please make checks payable to "NBSTSA".	eck 🗆 Visa 🗆 Ması	erCard 🗆 Discover		
Billing Address (only if different from applicant info)		City	Sta	te 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 folial do hereby acknowledge that all the information submitted in connol understand that falsified information on this application is grounds for or renewals. I further acknowledge and agree that the NBSTSA may not surgical technology, current/potential employers, surgical education vendors involved in the process of certification. I understand that N publications from time to time such as when the NBSTSA is congrated.  Printed Name of Applicant	ection with my application r denial of acceptance for elease my examination sco n programs attended, NB. BSTSA CST/CSFA certific	in to the certification program examination or certification ri ores and credentialed status t STSA recognized programmo ants may also have their na tc.	evocation, and may bar me fro o agencies such as those which atic accreditation agencies and	m future certifications n regulate the practice I NBSTSA contracted
Printed Name of Applicant	Signature of App	olicaric	Date	
Would you like to receive other communicati	on from the NBS	TSA? - Yes - No		

Currency by exam candidates: 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.

**Refund:** The following fees are NON-REFUNDABLE: application processing fees (Renewal by CE credit \$25, Examinations \$100.00), RUSH processing fee (\$85.00). 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.