2020 Certified Surgical First Assistant (CSFA) Renewal Application

Please read entire application and complete fully. Allow 4 - 6 weeks for processing. 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

Social Security Number Certification Number

Primary Email

Are you a member of AST/ASA?  Yes, member number__________

PLEASE CHECK THE BOX THAT APPLIES TO YOU:

☐ Recertify by credits. All continuing education credits must be earned prior to expiration date (for number of credits needed go to nbstsa.org). Credits must be submitted to AST for processing. Call (800) 637-7433 or visit ast.org for more information.

☐ Recertify by examination. I choose to demonstrate competency through examination.

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.

FEES:

• Renewal by credits $25
• Renewal by examination: $399 (AST/ASA member) or $499 (non member)

If you are a current CST and wish to have a separate CSFA only card/certificate, for an additional $10 fee, check here: ☐

LATE FEES:

Credentials that have expired are subject to late fees. Details of NBSTSA’s late fee policy are available at nbstsa.org/renewals-recertification. *Only applies to candidates renewing by credits

☐ RUSH: Please rush my application. I’ve enclosed the non-refundable $50 fee in addition to renewal fees. Rush processing will process your application within 3-5 business days. Excludes mailing time to the candidate.
**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 Information:**

- Card Number
- Security Code
- Expiration Date
- Amount Charged

**Signature (authorizes payment):**

Name (as it appears on card)

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**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**

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**Would you like to receive other communication from the NBSTSA?**

- Yes
- No

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**Refund:** The following fees are NON-REFUNDABLE: application processing fees (Credits $10.00/Examinations $60.00), RUSH processing fee ($50.00) and/or 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
PO Box 176269
Denver, CO 80217

Certified mail and packages should be sent to:
The National Board of Surgical Technology and Surgical Assisting
3 West Dry Creek Circle
Littleton, CO 80120

All NBSTSA forms are available online at www.nbstsa.org.

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**TAPE COLOR PHOTO HERE**

2x2 color passport photo only.