

NBSTSA Surgical Experience Verification Form

Certified Surgical First Assistant (CSFA) Examination

(For CSTs with Currency, Military Candidates, CSAs and SA-Cs)



IMPORTANT: Candidate **MUST** supply a Surgical Experience Verification form from the Director of Surgery. Candidate **CANNOT** fill out the verification form. The NBSTSA Surgical Experience Verification Form is valid for two years from the date it is received.

CANDIDATE INFORMATION:

Last Name First (**Legal name**) Middle

Social Security Number

CST Certification Number (if applicable)

Signature Date

SURGICAL FIRST ASSISTANT DEFINITION:

As defined by the American College of Surgeons, the surgical first assistant provides aid in exposure, hemostasis and other technical functions that will help the surgeon carry out a safe operation with optimal results for the patient. This role will vary considerably with surgical procedure, specialty, and type of facility.

EXAMINATION ELIGIBILITY:

- CST with Currency, Current CSA or SA-C Candidates
 - Graduate of a military training surgical technology program
- Case logs demonstrating 200 cases (75 cases in general surgery, 75 cases in one speciality area and 50 cases in any speciality area).*

SECTION I: Director of Surgery

Instructions: This form must be filled out completely (no blanks). Complete all information in Section I. Please print legibly in blue or black ink.

Director of Surgery (PLEASE PRINT)

Facility/Institution

Mailing Address (include apartment # if applicable) City State Zip Code

Phone Number Fax Number

Email

Applicant's Surgical First Assistant Experience Start Date (mm/dd/yyyy)

Applicant's Surgical First Assistant Experience End Date (mm/dd/yyyy)

SECTION II: (To be completed by the Director of Surgery named in Section I)

Instructions: Please check the items below which the applicant has accomplished. Candidate **MUST** function in the operating room at all times as the Primary Surgical First Assistant in the **PRESENCE** and under **DIRECT** observation of the Surgeon for the experience to be applicable to the examination eligibility requirements.

Experience Verification (appropriate demonstration of):

- Demonstrate the ability to apply advanced knowledge of normal and pathological surgical anatomy and physiology.
- Demonstrate the ability to communicate the surgeon's preferences and specific patient's needs to the surgical team such as suture needs, specialty supplies and instrumentation and equipment.
- Demonstrate the ability to provide preoperative skills such as assessing patient information, history, preoperative tests (EKG, EEG, EMG, lab values, diagnostic imaging), safety measures, biopsy results, positioning and draping.
- Demonstrate the ability to provide intra-operative skills such as visualization, trocar insertion, injection of local anesthetics, hemostasis, tissue handling, placement and securing of wound drains and closure of body planes.
- Demonstrate the ability to provide postoperative skills in patient care such as dressing application, patient transfer and transport, transfer of care and monitoring for immediate complications.

Director of Surgery verification of work experience:

- Yes**, I verify that, to the best of my knowledge, this applicant's information about work experience at this facility is true.
- No**, The correct information is:

Director of Surgery's Signature

Date

Last Name, First (**Legal name**), Middle (PLEASE PRINT)

Job Title

Phone Number