

Initial Currency Application (Pre September 1, 1977)



THE NATIONAL BOARD
OF SURGICAL TECHNOLOGY
AND SURGICAL ASSISTING

If you were certified prior to September 1, 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.)

Mailing Address (include apartment # 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/ASA? ☐ No ☐ Yes, member number _____

PLEASE CHECK THE BOX THAT APPLIES TO YOU:

- ☐ **Obtain currency by credits.** Enclosed is a copy of verification from the AST that my 30, four (4) of which are live, credits have been processed.
- ☐ **Obtain currency by examination.** I choose to take the national certifying examination for the surgical technologist to become current.

Enclosed is a copy of my:

- ☐ Current Driver's license or State ID
- ☐ Passport
- ☐ Naturalization Paperwork

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 \$40
- Renewal by examination: \$230 (AST member) or \$340 (non member)

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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

Would you like to receive other communication from the NBSTSA? ☐ 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 fee (\$60.00), 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.