



THE NATIONAL BOARD
OF SURGICAL TECHNOLOGY
AND SURGICAL ASSISTING

Official Score Transfer Request Form

Use this form to request that the NBSTSA send out an official copy of your exam results to an additional credentialing or licensing board after you have passed the examination. Complete the order form below and mail it with a non-refundable \$25 fee to: NBSTSA, 3 West Dry Creek Circle, Littleton, CO 80120.

Please complete the following with your CURRENT name and address:

Current Last Name	First (Legal name)	Middle		
Mailing Address (include apartment # if applicable)		City	State	Zip Code
Home Phone Number	Work Phone Number	Cell Number		
Social Security Number	Email			

If the above information was different at the time of testing, please indicate your ORIGINAL information below:

Name at the Time of the Examination				
Mailing Address (include apartment # if applicable)		City	State	Zip Code
Home Phone Number	Work Phone Number	Cell Number		
Email				

Indicate below the address to where your Score Report should be sent:

Facility Name	Mailing Address (include PO Box if applicable)	City	State	Zip Code
Examination Taken: <input type="checkbox"/> CST <input type="checkbox"/> CSFA				
Date Taken		Certification Number		

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)		

I hereby authorize the NBSTSA to send my Official Score Transfer Report to the address specified above.

Printed Name Signature of Applicant Date