



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, PO Box 176269, Denver, CO 80217. Please send certified mail and packages 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:  CST     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