



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: 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