National Board of Surgical Technology and Surgical Assisting (NBSTSA) 
Examination Proctor Request Form

If you are interested in becoming an NBSTSA Examination Proctor, please complete and return this form by mail, fax or e-mail to: PSI/AMP, 18000 W. 105th St., Olathe, KS 66061 - Fax: 913-895-4650 - e-mail: jmcadoo@psionline.com.

Name of Institution: ______________________________________________________

Address (street/city/state/zip): ______________________________________________

______________________________________________________________________

Proctor Contact Information:
(Proctor must not be primarily associated with the Surgical Technology Program)

Name of Proctor ___________________________________________________

Daytime Telephone: (________) ___________________________________________

Cell phone: (________) ___________________________________________

E-mail address: _______________________________________________________

Surgical Technology Program Director

Name _______________________________________________________________

Daytime Telephone: (______) ___________________________________________

E-mail address: _______________________________________________________

Next Scheduled Test Date: ______________________________________________

Comments: __________________________________________________________

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Thank you for your interest in becoming an NBSTSA Examination Proctor