

2017 Certified Surgical Technologist (CST) Examination Application



INSTRUCTIONS:

Please read entire application and complete fully. Allow 4 - 6 weeks for processing. If you have any questions, please contact the NBSTSA Certification Department directly at (800) 707-0057 or email questions to mail@nbstsa.org.

Last Name First (**Legal name**) Middle

Other Names You Have Used (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

Email Secondary Email

Are you a national member of ASA/AST? No Yes, member number _____

ELIGIBILITY OPTIONS:

Check the appropriate eligibility level box. Incomplete applications will not be accepted.

*Proof of graduation must include school name, date of graduation and type of degree received.

Eligibility Option (please select one of the following and include all required documents):

- Graduate of a CAAHEP or ABHES accredited Surgical Technology Program.
✓ Copy of a diploma, transcript or notarized and signed letter from Program Director or registrar stating date of graduation from the surgical technology program and the type of degree received.
- Retake
Please note, original documents such as social security cards and marriage certificates should not be provided. Copies only.
- Graduates of a military training surgical technology program.
✓ Copy of a diploma, DD214 or Joint Services Transcript (Must state the location of the military base where the program was completed.)

EDUCATION:

Name of School City, State

Pre-grad application (not testing on campus) Yes No

If testing with class on campus (WBT), list school code and test date: _____

SPECIAL ACCOMMODATIONS:

Are you requesting special 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 Applying for Special Accommodations.

Overseas testing: Are you requesting overseas testing? Yes No Education Officer's email address: _____

FEES:

- ASA/AST Member \$190
- All others \$290

RUSH: Please rush my application. I've enclosed the non-refundable \$50 fee **in addition** to examination fees. Rush processing will process your application within 3-5 business days. Excludes mailing time to the candidate.

Total enclosed: \$190 (ASA/AST member) \$240 (Member with rush) \$290 (Non-member) \$340 (Non-member with rush)

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 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

IMPORTANT: All on campus (WBT) and pre-grad applicants must sign the following statement:

I do hereby acknowledge as a WBT examination candidate that proof of graduation MUST be submitted to the NBSTSA within 60 days of my actual examination date in order for my examination results to be release. Failure to produce graduation proof will result in invalidation of examination results and forfeiture of all examination fees.

Printed Name of Applicant Signature of Applicant Date

Would you like to receive other communication from the NBSTSA? Yes No

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.

Retesting: Surgical Technologist candidates who are unsuccessful in passing the examination may resubmit an application immediately; however, they are limited to taking three examinations in one calendar year. Candidates are required to resubmit an application and payment each time. Photos and proof of graduation are kept on file for one year.

Refund: The following fees are NON-REFUNDABLE: Application processing fee (\$60.00), RUSH processing fee (\$50.00). 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, 6 West Dry Creek Circle, Suite 100, Littleton, CO 80120.

All NBSTSA forms are available online at www.nbstsa.org.

