

**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: _____

Thank you for your interest in becoming an NBSTSA Examination Proctor