

NBSTSA CSFA Pre-Authorization for Clinical Experience

Certified Surgical First Assistant (CSFA) Examination (For CSTs with Currency)



The surgical first assistant candidate must demonstrate the listed proficiencies in 200 documented surgical procedures. (75 in general surgery, 75 in one specialty and 50 in any specialty).

1. Demonstrate the ability to apply advanced knowledge of normal and pathological surgical anatomy and physiology.
2. Demonstrate the ability to communicate the surgeon's preferences and specific patient's needs to the surgical team such as suture needs, specialty supplies and instrumentation and equipment.
3. Demonstrate the ability to provide preoperative skills such as assessing patient information, history, preoperative tests (EKG, EEG, EMG, lab values, diagnostic imaging), safety measures, biopsy results, positioning and draping.
4. Demonstrate the ability to provide intra-operative skills such visualization, trocar insertion, injection of local anesthetics, hemostasis, tissue handling, placement and securing of wound drains and closure of body planes.
5. Demonstrate the ability to provide postoperative skills in patient care such as dressing application, patient transfer and transport, transfer of care and monitoring for immediate complications.

Candidates will be trained in these specific areas to ensure expertise of key job functions necessary for the duties of a surgical first assistant and will be provided with appropriate supervision in clinical experience.

By entering this agreement, the expectations are that the participating facilities will provide all skills, training and assessment for the candidate's clinical experience.

This is an agreement with The National Board of Surgical Technology and Surgical Assisting (NBSTSA) for the provision of surgical first assisting clinical site experience training opportunities. The following parties will take part in this agreement:

CANDIDATE INFORMATION:

Last Name, First (**Legal name**), Middle (PLEASE PRINT)

Mailing Address (include apartment # if applicable) City State Zip Code

Home Phone Number Work Phone Number Cell Number

Social Security Number Email Secondary Email

CST Certification Number

DIRECTOR OF SURGERY INFORMATION:

Director of Surgery (PLEASE PRINT)

Facility/Institution

Mailing Address (include apartment # if applicable) City State Zip Code

Phone Number Fax Number

Email Secondary Email

Director of Surgery's Signature Date

Candidate's Signature Date