

## Initial Currency Application (Pre September 1, 1977)

If you were certified prior to September I, 1977 and want to be "current" (on a certification cycle), please complete the form below. If you have any questions, contact the NBSTSA Recertification Department directly at (800) 707-0057 or email questions to mail@nbstsa.org. Allow 4 - 6 weeks for processing.

Current Last Name	First <b>(Legal name)</b>	Middle		
Other Names You Have Used (e.g	g., maiden name, etc. Please include copy o	f legal documentation to change nam	ne on file.)	
Mailing Address (include apartment # if applicable)		City	State	Zip Code
Home Phone Number	Work Phone Number	Cell Number		
Social Security Number	Certification Number	Original Certification Da	ate	
Primary Email				
Are you a member of AST/	ASA?   No Yes, member number			
PLEASE CHECK THE BOX	THAT APPLIES TO YOU.			
relate circa the box	THAT APPLIES TO TOO.			
	<b>ts.</b> Enclosed is a copy of verification from a <b>ination.</b> I choose to take the national cert			ne current.
Enclosed is a copy of my:				
☐ Current Driver's license or Star	te ID			
<ul><li>□ Passport</li><li>□ Naturalization Paperwork</li></ul>				
a Tvacui anzacion Tapei work				
SPECIAL ACCOMMODATION				
	gaccommodations due to physical impairmommodations, you must include a comprehe		an describing your	disability
	which will assist in an informed decision by			
•	Occumenting a Request for Test Accommod			
FEES:				
• Renewal by credits \$0				
•	(AST/ASA member) or \$290 (non member	•)		
			TAPE COLOR	PHOTO HERE
	tion. I've enclosed the non-refundable \$50 g will process your application within 3-5 b		2v2 color passi	port photo only
time to the candidate.	will process your application within 3-3 b	distriess days. Excludes maining	ZXZ COIOI passi	port photo only.



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Forms of Payment:					
□ Money Order □ Personal Check □ Institutional Ch *Please make checks payable to "NBSTSA".	neck 🖵 Visa 🖵 Mas	sterCard 🚨 Discover			
Billing Address (only if different from applicant info)		City		State	Zip Code
			\$		
Card Number	Security Code	Expiration Date	Amount Charg	ged	
Signature (authorizes payment)	Name	(as it appears on card)			
IMPORTANT: All applicants must sign the fol  I do hereby acknowledge that all the information submitted in conn I understand that falsified information on this application is grounds fo or renewals. I further acknowledge and agree that the NBSTSA may r of surgical technology, current/potential employers, surgical education vendors involved in the process of certification. I understand that N publications from time to time such as when the NBSTSA is congratu	nection with my application or denial of acceptance for elease my examination sco n programs attended, NB NBSTSA CST/CSFA certific	n to the certification prograr examination or certification r ores and credentialed status to STSA recognized programmo ants may also have their no	evocation, and may bar n o agencies such as those itic accreditation agencie	ne from future which regulat es and NBST:	e certifications te the practice SA contracted
Printed Name of Applicant	Signature of App	blicant	Date		
Would you like to receive other communicat	tion from the NB	STSA? 🗆 Yes 🗆 No			

Currency by exam candidates: 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.

**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:

National Board of Surgical Technology and Surgical Assisting, 3 West Dry Creek Circle, Littleton, CO 80120.

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