

# 2023 Certified Surgical Technologist (CST) Renewal Application



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

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Current Last Name	First ( <b>Legal name</b> )	Middle
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Other Names You Have Used (e.g., maiden name, etc. Please include copy of legal documentation to change name on file.)

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Mailing Address (include apartment # if applicable)	City	State	Zip Code
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Home Phone Number	Work Phone Number	Cell Number
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Date of Birth	Certification Number
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Primary Email

**Are you a member of AST?**  No  Yes, member number \_\_\_\_\_

**PLEASE CHECK THE BOX THAT APPLIES TO YOU:**

- Recertify by credits.** All continuing education credits must be earned prior to expiration date (for number of credits needed go to nbstsa.org). Credits must be submitted to AST for processing. Call (800) 637-7433 or visit ast.org for more information.
- Recertify by examination.** I choose to demonstrate competency through examination.

**SPECIAL ACCOMMODATIONS:**

Are you requesting special testing 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 Documenting a Request for Test Accommodations.

**FEES:**

- Renewal fee \$25
- Renewal by examination: \$299 (AST member) or \$399 (non member)

**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 (authorizes payment) 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

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

*(i.e. Certification renewal reminders, newsletter, etc.)*

**Refund:** The following fees are NON-REFUNDABLE: application processing fees (Examinations \$60.00), examination fee after the approval of the application and issuance of an Authorization To Test letter (ATT).

**RETURN THIS FORM, ALL NECESSARY DOCUMENTATION AND ENTIRE FEE TO:**

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

All NBSTSA forms are available and can be submitted online at [www.nbstsa.org](http://www.nbstsa.org).