



NASC AS-C™ Recertification Application

Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

(Check one)

- AS-C Recertification via Points \$249.00 (requires exhibits A, B, D)
 AS-C Recertification via retest \$299.00 (requires exhibit C only)

Enclosed is a check in the amount of \$_____ or charge my credit card for \$_____
(Visa, MasterCard, American Express & Discover).

Credit Card Number: _____ Expiration Date: _____

CVV# _____ (three digit number on back of credit card)

Name as it appears on credit card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

- I have enclosed with my fee all copies of the original documents proving my eligibility for recertification.
 A copy of my driver's license, State ID or Passport.
 A copy of my current AS-C certification.
 Copies of my ACLS or CPR recertification reflecting the past 3 years.
 I have attached legible copies of the required procedural logs (exhibit D).
 I have emailed a current digital photo to NASC at info@nascouncil.com.

Mail complete application and all support documentation to: NASC, PMB, 8547 E. Arapahoe Rd., Suite J-410, Greenwood Village, CO 80112.

Additional information and eligibility requirements can be found at www.nascouncil.org website under recertification forms.

All of the information I have submitted for recertification of the AS-C Exam is true and correct to the best of my knowledge. I realize that if I have submitted any false or misleading statements/documentation, my application to recertify may be denied and/or may be subject to disciplinary action. I authorize NASC to verify and/or disclose any information provided herein with schools, employers and institution.

Applicant's Signature: _____ **Date:** _____

National Assistant At Surgery Council
NASC, PMB, 8547 E. Arapahoe Rd., Suite J-410 • Greenwood, Village, CO 80112 • Phone: 877.698.9742 • Fax: 303.759.3228

All candidates for the AS-C Exam must adhere to their state laws regarding the assistant at surgery role.

(EXHIBIT A)

AS-C™
Recertification via Points
Application

Assistant at Surgery - Certified (AS-C) card holders wishing to re-certify via points must obtain a minimum of 50 Recertification Points each year for a three year period totaling of 150 points. The Following is a listing of your point allocations and documentation requirements for recertification via points. The calendar year is counted from the day and year of certification to the following date and year.

Re-Certification Point Allocation:

Category	Points	Max. Per Year
<i>Required:</i> Assistant at Surgery, minimum 200 Cases or 700 hours per year.	25	25
<i>Required:</i> ACLS or CPR recertification.	5	5
Published author of surgical subject in a current medical professional journal or book	15	15
Speaker of surgical subject at a national or regional medical conference or seminar.	15	15
Speaker at an O.R. or surgically oriented conference or seminar	15	15
Attendance at national medical conference or seminar related to surgery	10	20
Attendance at regional medical conference or seminar related to surgery	5	10
Attendance at an O.R. or surgically oriented hospital meeting, conference or seminar.	5	15
Reading professional medical journals related to surgery	5	15
Proof of viewing Audio-Visual Educational Materials related to surgery	5	15
College or university courses in Medicine, the Sciences or other job-related studies that contain curriculum relevant to the assistant at surgery role.	*TBD	*TBD
College or university courses <i>required</i> for a degree in medicine, nursing or other job related field. Course's must be required for the stated degree and can include but are not limited to: Basic Sciences, Health Sciences, English, Foreign Language, etc. Points can be awarded if relevant to the assistant at surgery role.	*TBD	*TBD

Important: Surgical cases can be logged utilizing a NASC Surgical Case Log (exhibit D) or via computer report. If you send a computer log of surgical cases it must not contain any personal patient information beyond the patient's initials. Retain copies of all documentation for your own records.

*TBD points are allocated based on the subject matter and a multitude of other factors upon submission of proper recertification paperwork.

(EXHIBIT B)

AS-C™
Re-Certification via Points

DOCUMENTATION OF POINTS:

Each AS-C holder is responsible for providing detailed written documentation of his or her professional activities. Points will not be awarded for activities that have incomplete or improper documentation.

DOCUMENTATION PROCEDURES:

Publications Authored: Include a copy of the publication with reference date and a full bibliography.

Speaking Engagements: Documented with a copy of the dated meeting or conference program showing the topic and the presenter(s). Hospital engagements can be documented with a copy of speaking materials signed by a hospital supervisor, include their name, position and work phone number for verification.

Attendance of a Major Medical Meetings: May be documented with registration receipt(s) or a copy of the event I.D. badge with the applicants name and event clearly identified on the I.D. badge.

Local Medical Meeting, Conference or Seminar Attendance: Subject must be O.R. or surgery related, include dates, times, topics, presenter(s) name and work phone number(s). Regularly scheduled department or staff meetings are not eligible.

Reading Professional Medical Journals: Subject must be O.R. or surgery related, document the name of the journal, volume and date, include the name of the article, subject matter, page number and the author.

Audio-Visual Educational Materials: Subject must be O.R. or surgery related document type of media, title, author and subject.

*College or University Courses in Medicine: Copy of course outline and transcript of grade(s). Identify relevance to surgery in your submittal.

*College or University Course Required for a Degree in Medicine, Nursing or other Job Related Field: Copy of course outline(s) detailing required course list for said degree and transcript of grade(s). Identify relevance to surgery in your submittal.

*TBD points are allocated based on the subject matter and a multitude of other factors upon submission of proper recertification paperwork.

(EXHIBIT C)

PROCTOR FORM TO BE COMPLETED ONLY IF RECERTIFYING VIA RETEST

AS-C CANDIDATE INFORMATION

Name of testing candidate: _____

PROCTOR INFORMATION

Name of Testing Center (where the Exam is to take place, such as a University, Community College, ACT Center or Sylvan Learning Center.)

Name of Facility: _____

Address: _____ City: _____ St: _____

Zip: _____ Website Address: _____

Name of Proctor: _____ Proctor Title: _____

Proctor's Contact Phone Numbers: Work: (___) ___ - ___ - ___ Other: (___) ___ - ___

Email of Proctor: _____

Date of Exam: ____ / ____ / ____

Total Amount of Testing Fee Required by Institution or Proctor If Applicable: \$ _____

If Fee(s) Required Payable to Whom: _____

(Note: NASC will only pay a maximum of \$50.00 in institution or proctor fee(s) per exam.)

***Proctor must have reliable internet access to give online exam.**

(Exhibit D)

PROCEDURE LOG *(Make copies as needed)*

Applicant's Name:			Title:		
Case #	Date	Hrs	Procedure	Assistant at Surgery Behavior	Surgeon Name & Phone Number
				<input type="checkbox"/> Chart review, <input type="checkbox"/> Positioned pt, <input type="checkbox"/> Prepped op site, <input type="checkbox"/> Draped pt, <input type="checkbox"/> Provided Hemostasis, <input type="checkbox"/> Provided exposure, <input type="checkbox"/> Tissue handling, <input type="checkbox"/> Closed wound, <input type="checkbox"/> Applied dressing, Other _____	Include Area Code
				<input type="checkbox"/> Chart review, <input type="checkbox"/> Positioned pt, <input type="checkbox"/> Prepped op site, <input type="checkbox"/> Draped pt, <input type="checkbox"/> Provided Hemostasis, <input type="checkbox"/> Provided exposure, <input type="checkbox"/> Tissue handling, <input type="checkbox"/> Closed wound, <input type="checkbox"/> Applied dressing, Other _____	
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"I attest that I was listed as the first assistant on the OP Report and that the above information is true. In addition, I understand that NASC performs random audits of OP reports. I agree to cooperate with any NASC verification process if asked to do so."

Applicant Signature: _____

Date: _____