



ASSISTANT AT SURGERY CERTIFIED™ AS-C EXAM APPLICATION

NASC, 8547 E. Arapahoe Rd., Suite J-410, Greenwood, Village, CO 80112
Phone: 1.877.698.9742 • Fax: 1.303.759.3228

Applicant's full name: _____ Social Security #: _____

Medical Title: SA RNFA PA Other _____

Surgical Assistant Formal College Program: _____ Graduated: _____

Indicate any Certification or License you hold: _____ ID #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell: () _____ Work: () _____

e-mail: _____

Employer's name: _____ Specialty: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Employer's Phone: () _____ Fax: () _____

AS-C Exam \$399.00

AS-C Retake \$299.00

AS-C Recertification \$249.00

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#: _____ Billing Address:

_____ City: _____ State: _____ Zip: _____

Signature of card holder: _____ Date: _____

I have enclosed with my fee all documents proving my eligibility as found as found on the www.nascouncil.org website under 'Eligibility'. (Not required for "Retake exam" if information is still current.)

I have attached one form of identification with this application (check one) Drivers License / Passport and understand that two forms of ID will be required at the Exam Location. I have already **emailed NASC my recent digital photo.**

All of the information I have submitted in applying for the AS-C Exam is true to the best of my knowledge. I realize that if I submit any false or misleading statements/documentation, my application to test may be denied and I 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:** _____

Only send original or signed copies of this Application and Documentation to NASC™. We cannot accept faxes, copies of signed documents or incomplete Applications. Make copies of all documentation for yourself. If the exam Application is a 'Retake', within 3 months of original exam, you do not have to resubmit all Documentation. However, two forms of ID are required the day of the Exam.

All candidates for the AS-C Exam are responsible to adhere to their state laws regarding the assistant at surgery role and certification.

IMPORTANT: Applicant **must sit for exam within 6 months** from the date of this signed Application or he/she will forfeit their original fee above and be subject to all current pre-requisites or fee changes. AS-C certification **cannot** guarantee employment.