



CODE OF PROFESSIONAL CONDUCT

No individual is eligible to apply for or maintain certification unless they are in compliance with all NASC rules, practices, policies and procedures, including but not limited to those stated in NASC's website and written materials. An individual may not make and shall correct immediately any statement concerning the individual's status that is or becomes inaccurate, untrue, or misleading. Any change in facts or events bearing on eligibility or certification must be reported to NASC within thirty (30) business days of the change. NASC does not warrant the performance of any individual candidate or certification holder. In accordance with NASC rules, guidelines and procedures, NASC may deny certification or render sanctions against an applicant or certificant in the case of:

- Ineligibility for NASC certification;
- Irregularity in connection with any NASC examination;
- Failure to pay fees required by NASC;
- Obtaining or attempting to obtain certification or recertification by a false or misleading statement or failure to make a required statement, fraud or deceit in an application, reapplication or any other communication to NASC;
- Misuse of the AS-C™ title, including falsifying official documents with a expired, revoked or suspended certification;
- Unauthorized possession of, use of, or access to NASC examinations, certificates, cards, and logos of NASC, the name "National Assistant at Surgery Council," NASC certification designations, the term "NASC," "Assistant at Surgery – Certified", "AS-C™" and any other NASC documents or materials;
- Misleading statements in applying for SA privileges or hospital credentialing;
- Unauthorized use of NASC copyright exam or helping others 'cheat on exam'.
- Being convicted by law enforcement or suspended by hospital administration for drug or alcohol use on the job;
- Being physically or mentally impaired to perform as a AS-C;
- Failure to provide or update any information required by NASC;
- The conviction of, or plea of guilty to a felony or misdemeanor, which is directly related to public health, standard of care, or education. This includes but is not limited to rape, sexual abuse of a child or patient, actual or threatened use of a weapon or violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or use of position as an Assistant at Surgery Certified, AS-C improperly to influence another person;
- Gross or repeated negligence or malpractice in professional work, which includes releasing confidential medical information of surgical patients or others with whom the certificant or applicant has a professional relationship to third parties according to applicable laws, rules and regulations;
- Limitation or sanction (including but not limited to revocation or suspension by a regulatory board or professional organization) relating to the assistant at surgery or another operating room role and/or public health;
- Habitual use of alcohol or any drug or substance, or any physical or mental condition, which impairs competent and objective professional performance in the assistant at surgery role;
- Other violation of an NASC rule, practice, policy or procedure as provided in any NASC brochure or other material provided to candidates or certificants.

APPLICANT'S SIGNATURE

By signing below, I certify that all information contained in this application is true and accurate to the best of my knowledge. I authorize NASC, its officers, directors, employees, and agents to review my application and I will cooperate promptly and fully in such review. I will submit to NASC such documents and information deemed necessary to confirm the information in this application. All documents submitted to NASC are the property of NASC and will not be returned to me. I authorize NASC to communicate any information relating to my application, certification and review thereof, including but not limited to pending or outcome of actions taken pursuant to NASC's Code of Professional Conduct, to state and federal authorities, licensing boards, credentialing bodies, employers and the public. I release, discharge and exonerate NASC for any action taken relating to such review, including denial of my application, revocation, suspension or other sanction. I agree to indemnify and hold harmless NASC for any action taken pursuant to the rules and standards of NASC with regard to this application, and/or my certification. I acknowledge that I have read and understood this information, the NASC Code of Professional Conduct and agree to abide by these terms and rules. I understand that, if granted, AS-C certification is valid for a period of two years.

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

ADA COMPLIANCE: *The AS-C Examination shall be administered in accordance with the requirements set forth in the Americans with Disabilities Act (ADA). If you require special assistance or unique conditions in taking the NASC Certification Examination as a result of a disability or physical impairment, please contact NASC and the testing center for more information.*

MAIL COMPLETED APPLICATION AND REQUIRED DOCUMENTATION TO:



National Assistant At Surgery Council
PMB
8547 E. Arapahoe Rd. Suite J-410
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Phone: 877.698.9742