



# Facility Letter of Recommendation

For Applicant's of the Assistant at Surgery (AS-C) Exam

Applicant Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dear Operating Room Supervisor, Manager or Surgical Clinical Educator:** The above candidate is requesting you validate his/her skills, knowledge and level of proficiency to enable their application to be considered for NASC's Assistant in Surgery Certification (AS-C) exam. ***In order for the application to be processed, it must be completed and signed in blue or black pen.***

### Proficiency:

**I verify that the above candidate** has demonstrated successfully and consistently a proficiency in sterile technique, first assisting skills and possesses a working knowledge of operating room fundamentals consistent with the current practice of surgical medicine. The above candidate also performs effectively as a team member and in stressful and emergent situations.

### OR Experience:

**I verify** that the above candidate has at least \_\_\_\_\_ (circle one) months or years operating room experience. I have added any extra comments on the back of this form.

**The above candidate has my recommendation for certification.**

*Print or Type the following:*

\_\_\_\_\_  
Name License/Certification # State

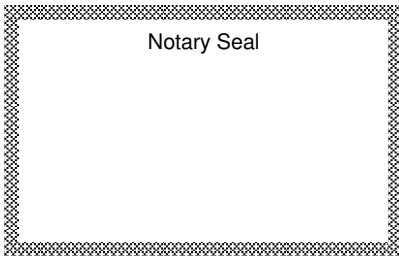
\_\_\_\_\_  
Position (must be Operating Room Supervisor, Manager, or Surgical Clinical Educator)

\_\_\_\_\_  
Hospital or Surgery Center Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code Area Code & Phone Number

\_\_\_\_\_  
Signature Date



\_\_\_\_\_  
Notary Signature Date

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