



Facility Letter of Recommendation

For Applicant's of the RNAS-C™ Exam

Applicant Name _____ Title _____ SSN _____ - _____ - _____

Applicant's Signature _____ Date _____

Dear Operating Room Supervisor or Manager: 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 Registered Nurse Assistant in Surgery Certification (RNAS-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 _____ months or years operating room experience. I have added extra comments on the back of this form.

The above candidate has my recommendation to sit for RNAS-C certification.

Print or Type the following:

Name License# 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

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