



## The American Board of Surgical Assistants

26221 East Kettle Circle, Aurora, Colorado 80016-2020  
1-877-617-8345 Fax: 303-539-9847

01 January 2009

Dear Surgical Assistant:

**RE: Recertification**                      *No Fee Increase since 2005 and none this Year!*

Our records indicate that your certification is due to expire, June 30, 2009.

To assure timely processing of your application, your complete certification documentation, application and payment **must be received in our office prior to 31 May 2009**. Any application papers received after 30 June 2009 and prior to 31 July 2009 will result in a \$200.00 late fee plus the \$95.00 recertification fee. Application papers received after 31 July 2009 may require retesting and meeting all requirements now in effect. Please see our web site at [www.absa.net](http://www.absa.net) for all current requirements.

*Please note: If you have one of the older CD Procedure Logs stating the Recertification fee is \$80; that fee is not correct. The fee is \$95.00 as stated above.*

Enclosed is an Application for Recertification Form. Please complete the form and return it along with all necessary documentation and recertification fees, to:

**The American Board of Surgical Assistants  
PO Box 460604  
Aurora, Colorado 80046-0604**

If you use delivery services of FedEx, DHL or Airborne Express, etc. please send to office address: 26221 East Kettle Circle, Aurora, CO 80016-2020. Telephone Number: 1-303-617-8345

Remember that it is your professional responsibility to check and verify the dates during which your certification is valid and make sure you have the necessary materials and documentation, to renew your certification, prior to the expiration date.

If you feel you need an extension, please send a letter or email to the ABSA, with full explanation, for the Board to review. We must receive said request prior to 01 May 2009. After reviewing your request, the Board will determine if your request is to be granted or denied. If granted, the Board will specify a defined time limit, of extension. An extension fee may be required.

We request that you notify us directly, of any name or address changes.

Sincerely:

*Paul F. Weeks, M.D.*

Paul F. Weeks, M.D.  
Chief Executive Officer



# The American Board of Surgical Assistants

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## 2009 Recertification Guidelines:

Recertification is designed to ensure that the Surgical Assistant-Certified strives to continue their education in health science and medicine. The following section describes the procedures by which certification can be maintained:

Each Surgical Assistant - Certified, is required to acquire eighty (80) recertification points in a two (2) year period. He or she must submit a professional activity report every two (2) years. Recertification forms are mailed approximately 6 months prior to certification expiration. The appropriate filing fee must accompany this report.

Each Surgical Assistant - Certified, must have assisted on a minimum of four hundred (400) clinical procedures or 1500 clinical hours every two years, in the role of a first assistant. This documentation must be submitted with the professional activity report. (Case Log or Computer Printout required)

### An individual will lose certification if he or she:

Falsifies a report (never eligible again, for ABSA recertification or a new ABSA certification)

Violates the ABSA "Code of Ethics" or speaking out against or defaming the ABSA, in any manner actual or perceived

Fails to meet professional experience

Does not acquire the eighty (80) recertification points within the two (2) year period

### Documentation of Activities:

Each individual is responsible for providing written documentation of his or her professional activity. Credit will not be awarded for activities not properly documented. Documentation procedures are outlined below:

- A. Registration receipts or a copy of the meeting program may document major medical meetings.
- B. Local meetings or seminars must list dates, times and topics.
- C. Copies of the program showing the topic and the presenters must document presentations.
- D. Publications authored must be documented by full reference to the journal or book.

### Recertification Point Allocations:

Points are assigned on a per contact hour basis. Below is a partial listing of categories and points allocated.

<u>Category</u>	<u>Maximum points / year</u>
Attendance at a national medical meeting	20 pt. / yr.
Attendance at regional medical meetings, seminars or hospital based conferences	10 pt. / yr.
Publication in a professional journal or proceedings	20 pt. / yr.
Presentation at a national or regional medical meeting	15 pt. / yr.
Presentation at hospital seminar or conference	05 pt. / yr.
Listening to or viewing a medical audio-visual aide	06 pt. / yr.
Reading professional journals (must list volume and issues)	06 pt. / yr.
<u>First Assisting on four hundred (400) cases or 1500 hours, every two years (Required)</u>	25 pt. / yr.
CPR, ACLS or PALS certification (Required)	04 pt. / yr.

**Note:** If you send a computer printout, it must contain the same information as our Procedure Logs and it **MUST NOT contain any patient information**, i.e. Name, Social Security Number or Hospital ID etc.

**It is important to retain copies of all information and applications, sent to the ABSA, for your own records.**



# The American Board of Surgical Assistants

P.O. Box 460604, Aurora, Colorado 80046-0604  
1-303-617-8345 or 1-877-617-8345 Fax: 1-303-539-9847

## 2009 ABSA Recertification Application Form

Fields with a *Red* asterisk requires your input. You can use the Tab Button to navigate the fields.

*This form must be filled out on the computer **NOT** printed and handwritten.*

### Personal Information

*Last Name:		*First Name:		Middle Initial:
*Address:			Apt or Bldg Number:	N/A <input type="checkbox"/>
*City:	*State:	*Zip Code:	*Country:(i.e. USA)	
*Home Telephone:			Cell:	
Work Telephone:			Fax:	
*National ID Number:		*Enter Number:		
*Date of Birth:	*Age:	*Sex: M <input type="checkbox"/> F <input type="checkbox"/>	*Marital Status:	
*Place of Birth:(City)			*Country:(i.e. USA)	
Email:			*Occupation:	

### \* Your Training Program

Enter the complete name of your <b>Medical School</b> and date of graduation.	
	Graduation Date:
or	
Enter the complete name of your <b>"ABSA Approved"</b> Surgical Assistant Training Program and date of graduation.	
Note: Basic Nursing and/or Surgical Technology programs <i>Do Not Qualify</i> as surgical assistant training programs.	
	Graduation Date:
or	
On The Job Trained	
(City & State)	Year:

### \* Requested Test Location

Test Location and Date ( Check the Examination Facility Locations on our web at: <a href="http://www.absa.net/schedule.htm">www.absa.net/schedule.htm</a> )	
<input type="checkbox"/> Chicago, Illinois	
<input type="checkbox"/> Dallas, Texas	
<input type="checkbox"/> Houston, Texas	
<input type="checkbox"/> Miami, Florida	

### \* Fee Schedule

Fee:	Check or Money Order Number:	(No personal checks)
Paid on the ABSA web site through PayPal at <a href="http://www.absa.net/fee.htm">www.absa.net/fee.htm</a> <input type="checkbox"/>		
Note: If paid through PayPal you must include a copy of your PayPal confirmation receipt		

**\* Your name, as it should appear on your certificate**

Note: We do not place titles on the certificates. (i.e. M.D., PA-C, RN etc.)

**Checklist of Required Documentations to be submitted with Application  
(Do not send original documents & Keep copies for your records)**

**Recertification by Experience and Continuing Education**

**Required items must include the following:**

1. Procedure Log documenting **400 cases** or **1500 hours** for the last two years where you were the First Assistant, as defined by the ABSA and listed on the operative record as such
2. Copy of your current CPR, PALS or ACLS certification
3. Medical / Surgical Continuing Educational Programs or Conferences

*If you do not meet the above criteria, please contact our office, by email, at: [office@absa.net](mailto:office@absa.net) so we may review your circumstances.*

See the complete listing of Recertification Requirements and Guidelines at: [www.absa.net/recert.htm](http://www.absa.net/recert.htm).

**Signature Section**

(Print completed form; then Sign & Date)

I acknowledge that I have read the ABSA Recertification Guidelines; that I understand each item and am in full compliance with said guidelines.

I certify that the information contained in this application is true and correct. I understand that any misrepresentation will result in rejection of this application and/or revocation of any certification obtained through the ABSA. I agree to hold the American Board of Surgical Assistants free from damage or complaint, by reason of any action its directors, officers or agents may take in connection with this application, or failure of the ABSA to issue certification to me.

Signature:

Date:

**Certification Number**

Please mail all forms, documentation and appropriate fees (cashier's check, money order or PayPal receipt) to:

**American Board of Surgical Assistants  
P.O. Box 460604  
Aurora, Colorado 80046-0604**

Print Form

Reset Form