



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 Medical School and date of graduation.	
	Graduation Date:
or	
Enter the complete name of your "ABSA Approved" 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: www.absa.net/schedule.htm)	
<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 www.absa.net/fee.htm <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 so we may review your circumstances.

See the complete listing of Recertification Requirements and Guidelines at: 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