



## National Surgical Assistant Association

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### AFFIDAVIT

**This affidavit will be used for candidate acceptance for testing as well as a legal document for state licensure.**

STATE OF \_\_\_\_\_ )  
 )  
 COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, an applicant for Certification Eligible Candidate with the National Surgical Assistant Association, has been observed by me. My evaluation is below.

I attest that I have observed the candidate, whose name appears above, performing the following technical functions:

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Date

Print Physician's Name \_\_\_\_\_

**A. Knot Tying Techniques**

- Square Knot [ ] Acceptable [ ] Not acceptable [ ] Unknown
- Surgeon's Knot [ ] Acceptable [ ] Not acceptable [ ] Unknown
- Half Hitch [ ] Acceptable [ ] Not acceptable [ ] Unknown

**B. Suturing Techniques**

- Subcutaneous Skin Closure  
 [ ] Acceptable [ ] Not acceptable [ ] Unknown
- Horizontal Mattress [ ] Acceptable [ ] Not acceptable [ ] Unknown
- Vertical Mattress [ ] Acceptable [ ] Not acceptable [ ] Unknown
- Figure 8 [ ] Acceptable [ ] Not acceptable [ ] Unknown

**C. Appropriate use of surgical instruments**

- [ ] Acceptable [ ] Not acceptable [ ] Unknown

**D. Knowledge of anatomy pursuant to surgical procedures**

- [ ] Acceptable [ ] Not acceptable [ ] Unknown

**E. Knowledge of aseptic technique**

- [ ] Acceptable [ ] Not acceptable [ ] Unknown

Notary public ( <i>name</i> )
in and for the State of ( <i>state name</i> )
commission expiration date