



**National Surgical Assistant Association**  
2615 Amesbury Road  
Winston Salem, NC 27103  
Toll Free: 888-633-0479 \* Phone: 336-768-4443 \* Fax: 336-768-4445  
nsaa@namgmt.com \* www.nsaa.net

## Application for Membership and/or Certification

PLEASE CHECK ONE

- NON-MEMBER (Sit for Certification ONLY-)       Candidate Member (eligible to sit for Certification)
- Student Member (attending an approved Surgical Assistant Program)       Associate Member (interested in surgical assisting, but not eligible for certification)

PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Fax \_\_\_\_\_

CURRENT EMPLOYER

Employer/Company Name \_\_\_\_\_

Employer/Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

How Long Have You Been Assisting? \_\_\_\_\_ How Long Have You Been Employed at this job? \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_

**Education and Training:**

Name of Program \_\_\_\_\_

Location of Program \_\_\_\_\_

Dates attended From \_\_\_\_\_ to \_\_\_\_\_ Degree/Certificate Awarded \_\_\_\_\_

Name of Program \_\_\_\_\_

Location of Program \_\_\_\_\_

Dates attended From \_\_\_\_\_ to \_\_\_\_\_ Degree/Certificate Awarded \_\_\_\_\_

**Previous Employment:**

Position Held \_\_\_\_\_ Dates Position Held From \_\_\_\_\_ to \_\_\_\_\_

Employer/Company Name \_\_\_\_\_

Employer/Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer/Company Phone Number \_\_\_\_\_ Direct Supervisor \_\_\_\_\_

Position Held \_\_\_\_\_ Dates Position Held From \_\_\_\_\_ to \_\_\_\_\_

Employer/Company Name \_\_\_\_\_

Employer/Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer/Company Phone Number \_\_\_\_\_ Direct Supervisor \_\_\_\_\_

**For Office Use Only**

Date Received \_\_\_\_\_

Check #/CC Approval \_\_\_\_\_

Dues Paid \_\_\_\_\_ Exam Paid \_\_\_\_\_

Application Fees paid \_\_\_\_\_

Certification Number Assigned \_\_\_\_\_

\_\_\_\_ Enclosed is my check in the amount of \$ \_\_\_\_\_

\_\_\_\_ Please charge my credit card in the amount of  
\$ \_\_\_\_\_

Name as it appears on Credit Card  
\_\_\_\_\_

Credit Card # \_\_\_\_\_

AMEX ID Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_