



National Surgical Assistant Association

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AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

_____, an applicant for candidate membership with the National
(applicant's name)
Surgical Assistant Association, has had three (3) years of experience with 750 hours-per-year, as a First Assistant in
the Operating Room.

DATE

Signature of Supervisor/Physician

SUBSCRIBED AND SWORN TO before me on this ____ day of _____, 200_, to certify which with witness my hand
and official seal.

Notary public *(name)*

in and for the State of *(state name)*

commission expiration date