



National Commission for the Certification of Surgical Assistants

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Washington, DC 20006

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AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

I attest that _____, an applicant for eligibility to sit for the Certification Examination of the National Surgical Assistant Association has had three (3) years of **current** experience with a minimum of 750 hours-per-year, as a Surgical Assistant in the Operating Room. The individual above worked in the role as Surgical Assistant with the following certification/license:

(Please check those that apply)

RN NP PA OPA CSFA SA-C

Signature of Employer/Supervisor

Date

Printed Name

Facility Name

Facility Address

City

State

Zip code

Phone Number

E-mail

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

Notary Public (name)

In and for the State of (state name)

Commission expiration Date: _____

