



National Commission for the Certification of Surgical Assistants

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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 _____)

I have observed _____, an applicant for Certification Eligibility with the National Surgical Assistant Association and my evaluation is below.

Physician's Signature

Date

Printed Name

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

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

