



National Center for Competency Testing

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Office Hours: M-Th 8:30am - 7:00pm CST
Friday 8:30 am - 5:00pm CST
Saturday 9:00am - 3:00pm CST

TE-0025

NCCT Clinical Experience Review Form

Tech in Surgery - Certified

First Name _____ MI _____ Last Name _____

Social Security # _____ - _____ - _____ Date of Birth _____

Please print or type clearly. This form may be duplicated by the user, if his/her experience took place at more than one institution. Please complete a separate form for each location's documentation. NCCT expects candidates to have surgical scrub experience in at least four of the five major surgery areas, preference is for all five categories. Additional areas may be included so that the candidate's minimum scrub experience totals to 150 cases. At least 100 cases should be in the first five sections with a majority of cases having the candidates acting as the 1st scrub. A case log may be requested by NCCT for review.

Location of documented surgery experience _____

Dates of documented surgery experience – From _____ To _____

Types of Surgery	Acting as 1st Scrub	Acting as 2nd Scrub	Acting as Circulate
General *			
Genitourinary *			
Gynecology *			
Orthopedic *			
Otorhinolaryngology *			
Plastic/Reconstructive			
Cardiovascular			
Neurosurgery			
Obstetrics			
Ophthalmology			
Peripheral Vascular			
Thoracic			
Others not listed			
Total of All Cases			

* Denotes the five major surgery areas.

I attest that the above information is accurate and complete while this candidate was under my supervision.

Signature of Instructor/Supervisor (please note title)

Please Print Name

Name of Institution _____ Date _____

Signature of Candidate _____ Date _____