

## Instructions Page for Verifiers

Thank you for assisting this applicant in completing the form required prior to approval for the TS-Certified (NCCT) certification exam. This form provides essential verification of critical skill competency in the Surgical Technology field, and verification of employment dates for those applying through the Experience Pathway.

## Instruction Page

### 1. Documentation Requirements

- Complete all fields clearly and legibly (Illegible/incomplete forms may delay processing)
- One (1) verifier per form; verification is facility-specific only.
- Simulated/mannequin experiences do not qualify for competency verification.
- Forms that appear altered or falsified will not be accepted and may result in denial of eligibility.

### 2. Who Should Complete Which Parts

- **Applicant:** Section A (Applicant Information)
- **Verifier:** Sections C-E
  - Must provide a work email address (facility domain) and a direct business phone number.  
\*Personal email accounts or personal phone numbers will not be accepted
  - The verifier must be currently employed at the facility where the applicant's employment or training took place and must have had supervisory or instructional responsibility for the applicant's performance.

### 3. Educational Pathway

- **Case documentation time frame:** Students and graduates of NCCT-approved programs, have up to two (2) years from their certification test date to complete all case documentation. Certification will not be granted until all cases are documented and verified, and all other required documentation has been received.
- **Who verifies:** Program Director, Instructor, Externship Coordinator, Preceptor or Program Manager. If the program is not NCCT-approved, a licensed physician, surgeon, or RN/circulating OR nurse at the clinical site must complete the form.

### 4. Experience Pathway

- **Experience requirement:** Three (3) years (6,240 hours) of full-time work as a Surgical Technologist within the past five (5) years. This experience must include performance of all critical skills required for a surgical technologist.  
*\*Experience must be obtained within the United States or its territories*
- **Full-time definition:** 40 hours/week (as defined by NCCT)
- **Who verifies:** Direct patient-care supervisor (licensed physician, surgeon, or registered nurse (RN)/circulating OR nurse).  
*Human Resources or administrative staff may only verify employment information, not the critical skills.*
- Traveling Surgical Techs must provide a signed staffing agency letter (on company letterhead) listing job title, assignments, and dates. Agencies cannot verify skills.

### 5. Scrub Information

- **First Scrub:** (must meet all five):
  1. Verify supplies and equipment needed for the surgical procedure.
  2. Set up the sterile field with instruments, supplies, equipment, medications, and solutions that may be needed for the procedure.
  3. Perform counts with the circulator.
  4. Pass instruments and supplies to the surgical team during the procedure.
  5. Maintain sterile technique, as measured by recognized breaks in technique and demonstrate knowledge of how to correct and when if necessary.
- **Second Scrub:** (partial participation):
  1. Applicant participates in the entire procedure but does not meet all First Scrub criteria. May perform tasks such as: sponging, suctioning, cutting sutures, holding retractors, and manipulating the camera.

### 4. Additional Notes

- School staff may not verify employment (experience pathway).
- NCCT staff may contact the verifier directly to confirm employment or training verification.
- Approval to test is subject to employment/training verification.



# Tech in Surgery-Certified (NCCT) Certification Critical Skill Competency/Qualification by Experience Documentation 2025 - TE-0204CSQE

## Section A: To Be Completed by the Applicant

Please enter your full legal name as it appears on a government-issued ID (e.g., driver's license, passport).

Legal Name of Applicant \_\_\_\_\_ NCCT User ID # \_\_\_\_\_

## Section B: To Be Completed by Verifier

Important: Before completing this section, **please read the Instruction Page (Page 1)**. Verifier must be the applicant's direct patient care supervisor (experience route) OR program director/instructor/preceptor (education route). *Each employer may only verify work performed at their facility.*

## Section C: Critical Skill Performance Competency

Candidates are required to complete a total of 125 cases, with a minimum of 90 as the 1st scrub. Case mix should include 30 to 50 general surgeries and 75 to 95 in at least three (3) different specialties listed in the table below. Verifiers must document the number of surgical cases the applicant has successfully and safely completed under their direct supervision.

Category	*1st Scrub	**2nd Scrub
General Surgeries (Minimum 30 required; maximum 50)		
Select at least three (3) of the following specialties (75 to 95)		
Gynecology		
Genitourinary		
Cardiovascular		
Neurosurgery		
Obstetrics		
Thoracic		
Peripheral Vascular		
Ophthalmology		
Otorhinolaryngology		
Orthopedic		
Plastic/Reconstructive		
Diagnostic Scopes (Maximum of 15)		
Other (please specify) Specialty must be clearly identified if selected		
<b>TOTALS (Minimum of 125 total cases, minimum of 90 as 1st scrub)</b>		

*\*Please refer to the instruction page for definitions of 1st and 2nd scrub*

## Section D: Verification of Pathway CHECK ONE: ☐ Educational Pathway ☐ Experience Pathway

*\*Experience must be obtained within the United States or its territories.*

**Experience Pathway Only:** Employment: ☐ Full-time ☐ Part-time

**Experience Pathway Only:** Applicant's job title: \_\_\_\_\_

**Applicant's dates of training of employment dates at my facility:** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Present

## Section E: Verification Statement

By signing this form, I attest that the applicant named above has consistently and accurately demonstrated the required critical skills within the scope of a Surgical Technologist, as defined under applicable state law, either through education/externship training or employment under my supervision. I further attest that the information provided is complete, true, and correct to the best of my knowledge.

I acknowledge that falsifying, omitting, or misrepresenting information on this form may result in denial of the applicant's eligibility, cancellation of examination results, or revocation of certification. I understand that my role as verifier requires that I am currently employed at the facility listed below and had direct supervisory responsibility over the applicant during the period verified. I also understand and agree that NCCT staff may contact me directly to verify the accuracy of this attestation.

Today's Date: MM/DD/YYYY \_\_\_\_\_

Supervisor/Verifier Signature \_\_\_\_\_

Supervisor/Verifier Printed Name \_\_\_\_\_

Supervisor/Verifier Job Title \_\_\_\_\_

Institution/Company Name \_\_\_\_\_

Institution/Company Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

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

*\*Personal email accounts or personal phone numbers will not be accepted*