Tech in Surgery - Certified (NCCT)
Critical Skill Competency Documentation
Qualification by Experience Documentation
For Routes 1A, 1B, 2 or 3

NCCT
National Center for Competency Testing
Phone 800.875.4404
Fax 913.498.1243
www.ncctinc.com

To be completed by the applicant: (Please return this form to NCCT with your application.)

Name of applicant _____

Today's Date (MM/DD/YYYY) _____ NCCT User ID # _____

The remainder of this form is to be completed by the applicant's direct patient care supervisor which may include, but is not limited to, a Licensed Physician, Primary Care Provider or RN.

The person named above is applying for certification in the field of Surgical Technology. In lieu of successful completion of an eligible Surgical Technology program, the applicant is qualifying through work experience. As such, the applicant must have documentation reflecting a minimum of three (3) years full-time work experience, within the past five (5) years, including performance in each of the critical skills for surgical technologists. In order to determine the eligibility of the applicant, we require verifiable documentation of knowledge, education, training, and proficiency in the critical skill areas as identified below. Please complete the documentation below. Only one (1) direct patient care supervisor per page. Each employer may only verify work experience performed at their own facility.

Note: This page may be photocopied if more than one employer or direct patient supervisor will be verifying cases and providing documentation.

Critical Skill Performance Competency *The majority of cases in each category must be completed as 1st scrub. Please list the number of cases in the column.*	***1st Scrub***	***2nd Scrub***
Minimum of 50 scrubs in general surgeries; **and a**		
Minimum of 20 scrubs in orthopedic surgeries; **and a**		
Minimum of 55 scrubs in at least two (2) of the following areas: *(you are allowed to select the two (2) areas)*		
Gynecology		
Genitourinary		
Cardiovascular		
Neurosurgery		
Obstetrics		
Thoracic		
Peripheral Vascular		
Ophthalmology		
Otorhinolaryngology		
Plastic/Reconstructive		
Other *(please specify)*		
TOTALS		

If this applicant was employed by your organization in a full time capacity in the last 5 years and that employment includes successful performance in the critical skills, please provide the dates of full time employment (defined by NCCT as 40 hours per week). Each employer may only verify work experience performed at their own facility.

The applicant successfully performed the skills attested to through: ____ employment experience ____ educational training.

from _____ / _____ through _____ / _____ or ____ Present.
month *year* *month* *year*

Verification Statement: Minimum Critical Skill Competency Requirements

By signing this form, I am verifying the applicant named above is competent (safe, consistent, and successful) in the performance of job tasks as a Surgical Technologist, as documented in the cases above. Your signature and legible identification contact information are required for valid completion of the form. NCCT reserves the right to request case logs if required to support critical skill competencies. Please DO NOT submit case logs unless requested.

Today's Date: MM/DD/YYYY _____

Supervisor/Verifier Contact Information:

Supervisor/Verifier Signature _____

Supervisor/Verifier Printed Name _____

Company Name _____

Supervisor's Title _____

Address _____ City, State _____ Zip _____

Phone _____ Email _____

Note: Students and graduates are allowed a maximum of two (2) years from the test date for completion of case documentation. Certification is not awarded until cases have been completed.