# Tech in Surgery-Certified (NCCT) Certification
# Critical Skill Competency Documentation

**2025** ~ *TE-0204CSQE*

**Instructions Page for Verifiers**

Thank you for assisting this applicant in completing the form required for the TS-Certified (NCCT) certification. This form is required to verify qualifying surgical technology training, competency, and surgical case experience completed through an educational program and qualifying clinical externship with live patient experience in a healthcare facility.

**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, classroom, or observational 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 surgical training or supervised clinical experience took place and must have firsthand knowledge of the applicant's performance.

**3. Educational Pathway**
- Students and graduates of **NCCT-authorized programs** have up to two (2) years from their certification test date to complete all required case documentation. Certification will not be granted until all cases have been documented and verified, and all other required documentation has been received.
- This form may be completed by the Program Director, Externship Coordinator, Clinical Coordinator, Preceptor, Program Manager, or another clinical supervisor with direct knowledge of the applicant's surgical training and scrub performance.

**4. 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.

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**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**). The verifier must have direct knowledge of the applicant's surgical training, clinical externship experience, and scrub performance. Each facility may only verify training and clinical experience performed under its supervision at that 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 with live patient experience under their direct clinical 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* | | |
| **TOTALS (Minimum of 125 total cases, minimum of 90 as 1st scrub)** | | |

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

**Section D: Clinical Training Dates**
**Applicant's dates of clinical training/externship at my facility:** From: ___/___/___through: ___/___/___

**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 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 _____

Training Facility/Organization Name _____

Training Facility/Organization Address _____City, State _____ Zip _____

Business Phone _____ Business Email _____

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