



National Center for Competency Testing

7007 College Blvd., Ste. 385, Overland Park, KS 66211
 Phone 800.875.4404; Fax 913.498.1243
Office Hours: M-F 7:30am - 7:00pm CST
 Saturday 9:00am - 3:00pm CST

TE-0204CS

Tech in Surgery - Certified (NCCT) Critical Skill Competency

(Official Documentation of Route 1a,
 Route 1b, and Route 3)

Rev: September 2016

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

Name of applicant _____

Today's Date (MM/DD/YYYY) _____

To be completed by the applicant's direct patient care supervisor: (School Official, Licensed Physician, Primary Care Provider, and/or RN)

The person named above is applying for certification in the field of Surgical Technology. In order to determine the eligibility of the applicant we require documentation of proficiency in several critical skill areas as identified below. Each employer may only verify work experience performed at their own facility.

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 listed below. 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.

Critical Skill Performance Competency <i>The majority of cases in each category must be completed as 1st scrub. Please list the number of cases in the column.</i>	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: <i>(you are allowed to select the two (2) areas)</i>		
Gynecology		
Genitourinary		
Cardiovascular		
Neurosurgery		
Obstetrics		
Thoracic		
Peripheral Vascular		
Ophthalmology		
Otorhinolaryngology		
Plastic/Reconstructive		
Other <i>(please specify)</i>		
TOTALS		

Note: This page may be photocopied if more than one employer will be verifying cases.

The applicant performed these skills from _____ / _____ through _____ / _____ .
month year month year

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: Route 1a and Route 1b candidates 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.