

# Tech in Surgery - Certified (NCCT) Critical Skill Competency/ Qualification by Experience Documentation For All Routes



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**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. For those applying via the experience route, the documentation must reflect a minimum of three (3) years full time work experience within the last five (5) years, including performance in each of the critical skills required 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.**

<b>Critical Skill Performance Competency</b> <i>The majority of cases in each category must be completed as 1st scrub. Please list the number of cases in the column.</i>	<b>*1st Scrub</b>	<b>**2nd Scrub</b>
Minimum 30 scrubs in general surgeries; <b>and a</b> (max:50 general scrubs allowed)		
Minimum of 75 scrubs in at least three (3) of the following areas: (you are allowed to select the three (3) areas)		
Gynecology		
Genitourinary		
Cardiovascular		
Neurosurgery		
Obstetrics		
Thoracic		
Peripheral Vascular		
Ophthalmology		
Otorhinolaryngology		
Orthopedic		
Plastic/Reconstructive		
Diagnostic Scopes (Maximum of 15)		
Other (please specify)		
<b>TOTALS</b> Minimum of 125 total cases, at least 90 of which are in *1st scrub.		

*\*First Scrub: The applicant shall perform the following duties during any procedure. An applicant not meeting the five criteria below cannot count the case in the first scrub role. 1) Verify supplies and equipment needed for the surgical procedure. 2) Set up the sterile field including 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 recognize breaks in technique and demonstrate knowledge of how to correct when and if necessary.*

*\*\*Second Scrub: The applicant who is at the field and has not met all criteria for the first scrub role, but actively participates in the procedure in its entirety by completing any portion of the above, or any of the following: 1) sponging, 2) suctioning, 3) cutting suture, 4) holding retractors, 5) manipulating camera.*

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.*

**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.*