



Facility Letter of Recommendation

For Applicant's of the Assistant At Surgery (AS-C) Exam

Applicant Name _____ Drivers License/State ID # _____

Applicant's Signature _____ Date _____

Dear Operating Room Supervisor, Manager or Surgical Clinical Educator: The above candidate is requesting you validate his/her skills, knowledge and level of proficiency to enable their application to be considered for NASC's Assistant At Surgery Certification (AS-C) exam. ***In order for the application to be processed, it must be completed and signed in blue or black pen.***

Proficiency:

I verify that the above candidate has demonstrated successfully and consistently a proficiency in sterile technique, first assisting skills and possesses a working knowledge of operating room fundamentals consistent with the current practice of surgical medicine. The above candidate also performs effectively as a team member and in stressful and emergent situations.

OR Experience:

I verify that the above candidate has at least _____ months or years (circle one) operating room experience. I have added any extra comments on the back of this form.

The above candidate has my recommendation for certification.

Print or Type the following:

Name License/Certification # State

Position (must be Operating Room Supervisor, Manager, or Surgical Clinical Educator)

Hospital or Surgery Center Name

Mailing Address

City, State, Zip Code Area Code & Phone Number

Signature Date

National Assistant At Surgery Council National Assistant At Surgery Council
NASC 8547 E. Arapahoe Rd. Suite J-410 •Greenwood Village, CO 80112 •customerservice@nascouncil.org

All candidates for the AS-C Exam must adhere to their state laws regarding the assistant at surgery role.