



SURGEON LETTER OF RECOMMENDATION

FOR APPLICANT'S OF THE ASSISTANT AT SURGERY (AS-C™) EXAM

Applicant Name: _____ Drivers License/State ID # _____

Applicant's Signature: _____ Date: _____

Supervising Surgeon: The above candidate is requesting you validate his/her skills, knowledge and level of proficiency to enable their application to be considered for the Assistant At Surgery Certification™ (AS-C™) Exam with the National Assistant At Surgery Council™ (NASC™).

First Assistant or Surgical Assistant Definition: The surgical assistant is the team member that provides primary assistance along with active participation for and with the procedure's main surgeon. Furthermore, as defined by the American College of Surgeons, the surgical assistant *"provides aid in exposure, hemostasis, and other technical functions that will help the surgeon carry out a safe operation with optimal results for the patient. This role will vary considerably with the surgical operation, specialty area, and type of facility."*

I certify that (*print candidates name*) _____, **while under my direct supervision as a surgeon has independently and consistently demonstrated the core skills and knowledge listed below and is a safe and proficient surgical assistant. Furthermore, the candidate has worked as a surgical assistant under my direct supervision from** _____ (Month/Year) to _____ (Month/Year).

- Promotes a safe perioperative environment, recognizes limitations and performs surgical assisting duties safely, within state laws and hospital policies.
- Timely anticipates the needs of the surgeon by demonstrating a thorough understanding of anatomy, physiology, pathophysiology and the progression of the surgical procedures they perform.
- Assists and/or performs appropriate patient positioning and prepping of the surgical site.
- Demonstrates appropriate tissue handling, instrument selection and utilization for safe and optimal exposure, dissection and closure.
- Properly identifies tissues and utilizes recognized principals of wound healing to close tissues and layers.
- Demonstrates appropriate suturing techniques, knot tying and suture selection.
- Utilizes appropriate temporary and permanent hemostatic techniques and agents to minimize blood loss and preserve tissues.

The candidate has my professional recommendation for AS-C certification as a surgical assistant.

Print or Type the following:

MD/DO Name: _____ License #: _____ State: _____

Hospital or Surgery Center Name : _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Fax #: () _____

MD/DO Signature: _____ **Date:** _____

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