



## RNAS-C™ CODE OF PROFESSIONAL CONDUCT

Individuals are not eligible to apply for or maintain certification unless in compliance with all NASC rules, practices, policies and procedures, including but not limited to those stated in the NASC website and written materials. An individual may not make and shall correct immediately any statement concerning the individual's status that is or becomes inaccurate, untrue, or misleading. Any change in facts or events bearing on eligibility or certification must be reported to NASC within thirty (30) business days of the change. NASC does not warrant the performance of any individual candidate or certification holder. In accordance with NASC rules, guidelines and procedures, NASC may deny certification or render sanctions against an applicant or certificant in the case of:

- Irregularity in connection with any NASC examination;
- Failure to pay fees required by NASC;
- Obtaining or attempting to obtain certification or recertification by a false or misleading statement or failure to make a required statement, fraud or deceit in an application, reapplication or any other communication to NASC;
- Misuse of the RNAS-C™ title, including falsifying official documents with a expired, revoked or suspended certification;
- Unauthorized possession of, use of, or access to NASC examinations, certificates, cards, and logos of NASC, the name "National Assistant at Surgery Council," NASC certification designations, the term "NASC," "Registered Nurse Assistant at Surgery - Certified", "RNAS-C" or any other NASC documents and materials;
- Misleading statements in applying for first assistant privileges or hospital credentialing;
- Unauthorized use of NASC copyright exam or helping others 'cheat on exam'.
- Being physically impaired to perform as a RNAS-C™;
- Failure to provide or update any information required by NASC;
- The conviction of, or plea of guilty to a felony or misdemeanor, which is directly related to public health, standard of care;
- Gross or repeated negligence or malpractice in professional work, which includes releasing confidential medical information of surgical assistant patients or others with whom the certificant or applicant has a professional relationship to third parties according to applicable laws, rules and regulations;
- Limitation or sanction (including but not limited to revocation or suspension by a regulatory board or professional organization) relating to the assistant at surgery or another Operating Room role and/or public health;
- Other violation of an NASC rule, practice, policy or procedure as provided in any NASC brochure or other material provided to candidates or certificants.

### APPLICANT'S ACCEPTANCE AND SIGNATURE

By signing below, I certify that all information contained in this application is true and accurate to the best of my knowledge. I authorize NASC, its officers, directors, employees, and agents to review my application and I will cooperate promptly and fully in such review. I will submit to NASC such documents and information deemed necessary to confirm the information in this application. All documents submitted to NASC are the property of NASC and will not be returned to me. I authorize NASC to communicate any information relating to my application, certification and review thereof, including but not limited to pending or outcome of actions taken pursuant to NASC Code of Professional Conduct, to state and federal authorities, licensing boards, credentialing bodies, employers and the public. I release, discharge and exonerate NASC for any action taken relating to such review, including denial of my application, revocation, suspension or other sanction. I agree to indemnify and hold harmless NASC for any action taken pursuant to the rules and standards of NASC with regard to this application, and/or my certification. I acknowledge that I have read and understood this information, the NASC Code of Professional Conduct and agree to abide by these terms and rules. I understand that, if granted, RNAS-C certification is valid for a period of three years.

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**Applicant's Signature**

\_\_\_\_\_  
**Date**

**ADA COMPLIANCE:** The RNAS-C Examination shall be administered in accordance with the requirements set forth in the Americans with Disabilities Act (ADA). If you require special assistance or unique conditions in taking the NASC Certification Examination as a result of a disability or physical impairment, please contact NASC for more information.

**Send completed Exam Application and attached Documentation to:**

NASC  
8547 E. Arapahoe Rd. Suite J-410  
Greenwood Village, Co 80112