



**The American Board of Surgical Assistants**  
11414 West Park Place, Park Place, Suite 202 #626, Milwaukee, Wisconsin 53224  
1-877-617-8345 Fax 1-303-539-9847

Surgical Assistant – Certified (SA-C) \_\_\_\_\_ has met the following ABSA Recertification requirements, as set forth on our web at: [www.absa.net](http://www.absa.net)

Certification Number \_\_\_\_\_

**Surgical Assistant Signature** \_\_\_\_\_

1. The Surgical Assistant – Certified (SA-C) listed above has completed 400 cases or 1500 hours in the role of a first assistant in the last two years? \_\_\_ **Yes** \_\_\_ **No** (if no, please complete #2)
2. If less than required number of cases or hours, please list the number here with an explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, Address and Telephone Number with extension of the Hospital, Surgicenter, Physician's Office or Surgical Assistant Group:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Title of Supervisor: \_\_\_\_\_

I certify, to the best of my knowledge, that the above is true and correct.

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note to SA-C:** *This document, when completed, is to be scanned, into your computer, and submitted with your Digital Recertification Application. Please submit with your Continuing Medical Education and CPR, ACLS or PALS certification.*