



**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

## Recertification Case Log Form (Self-employed)

**Surgical Assistant – Certified (SA-C)** \_\_\_\_\_

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

I certify that the information contained in this document is true and accurate, to the best of my knowledge. I also understand that any intentional misrepresentation or falsification will result in immediate and permanent termination of my certification through the ABSA.

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

Enter the number of cases or hours (not both) following each type of surgery completed in the last 2 years.

	<b>Total Cases/Hours</b>		<b>Total Cases/Hours</b>
<b>General Surgery</b>		<b>Gynecological Surgery</b>	
<b>Neuro-Surgery</b>		<b>Orthopedic Surgery</b>	
<b>Urological Surgery</b>		<b>Cardio-Vascular Surgery</b>	
<b>Plastic Surgery</b>		<b>Transplant Surgery</b>	
<b>Robotic Surgery</b>		<b>Other</b> _____	

The Surgical Assistant – Certified (SA-C) mentioned above has worked in the role of a **first surgical assistant** within the last two years at the facility listed below. \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Name of facility: \_\_\_\_\_

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

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

Name and title of OR Supervisor: \_\_\_\_\_

OR Supervisor Signature: \_\_\_\_\_

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