



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.

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

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.