

# CANDIDATE INFORMATIONAL HANDBOOK

*33+ Years of Excellence to the Surgical Community*



American Board of Surgical Assistants  
office@absa.net

## American Board of Surgical Assistants

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## About The American Board of Surgical Assistants

### Introduction

The American Board of Surgical Assistants (ABSA), was founded in 1987, by Paul F. Weeks, M.D.\*, PhD, as a national credentialing agency for surgical assistants. The ABSA strives to develop and maintain quality standards for the surgical assistant, thereby promoting safety and protection of the public. These standards include the furtherment of knowledge, education and ethical conduct of the surgical assistant through the continuation of the credentialing process. The ABSA promotes professional development by supporting pre and post educational training. This support also includes preparation, implementation and administration of the credentialing examination and recertification. The ABSA will maintain high standards along with responsible and ethical leadership in all endeavors and affiliations. A surgical assistant, certified by the ABSA, is entitled to use the designation *SA-C* or *Surgical Assistant-Certified*. *The ABSA shall not discriminate, at any time, among applicants as to age, sex, race, religion, national origin, handicap, marital or other protected status.*

### Purpose & Scope of Practice Statement

The primary purpose of the American Board of Surgical Assistants is the protection of the public through the establishment and maintenance of standards for the surgical assistant. To attain these objectives, the ABSA has established definable qualifications for initial examination and further recertification. Certification as a surgical assistant is not intended to define requirements for employment or scope of practice, nor does it restrict who may or may not function as a surgical assistant. Certification does not guarantee employment nor does it relieve an employer from determining the background or professional responsibilities of the assistant.

We acknowledge that the role and function of a surgical assistant is to assist the surgeon, in the performance of a surgical procedure. It is understood and acknowledged that certification, as a surgical assistant through the ABSA (SA-C) does not allow for any independent performance of any medical or surgical procedures, within the United States of America or its territories.

*Note: The ABSA and its officers neither endorses nor rejects any scope of practice established by any physician, hospital or medical facility. Each SA-C must abide by the rules and regulations established for their scope of practice.*

## History & Statistics

The American Board of Surgical Assistants was founded 30 December 1987, in the State of Colorado, as a Non-Profit Organization.

On 01 October 1998 the American Board of Surgical Assistants was "Administratively Dissolved", by the Colorado Secretary of State's Office, after not receiving our mailed 1998 two year corporate report.

On 27 January 2000, the American Board of Surgical Assistants, after discovering being "Administratively Dissolved," was reincorporated, as a privately held corporation, under the name ABSA, Ltd.

On 24 September 2003, the American Board of Surgical Assistants, operating under the name ABSA, Ltd. was renamed American Board of Surgical Assistants, Inc.

The American Board of Surgical Assistants, Inc., Colorado Secretary of State ID Number 20001018434, is still operated as a privately held corporation, functioning as a national credentialing organization, for surgical assistants.

Our mission has not changed since our initial incorporation in 1987. We will continue to require formal training as a prerequisite for ABSA certification (as we have since January 2002) and require documented performance as a surgical assistant, in the clinical setting, as a requirement for recertification. Additionally, we will continue to raise-the-bar on educational requirements, in-order to further promote safety and protection of the public, by mandating higher levels of knowledge, in the ever-changing world of surgical medicine.

We acknowledge that the role and function of a surgical assistant is to assist the surgeon, in the performance of a surgical procedure. It is understood and acknowledged that certification as a surgical assistant through the ABSA (SA-C) does not allow for any independent performance of any medical or surgical procedures, within the United States of America or its territories.

2021: 520 Candidates, 484 Passed, 36 Failed, --- Pass Rate: 93.1%, Failure Rate: 6.9%

2020: 455 Candidates, 414 Passed, 41 Failed, --- Pass Rate: 91%, Failure Rate: 9%

2019: 465 Candidates, 444 Passed, 21 Failed, --- Pass Rate: 95.5%, Failure Rate: 4.59%

2018: 462 Candidates, 463 Passed, 24 Failed, --- Pass Rate: 94.8%, Failure Rate: 5.19%

2017: 735 Candidates, 595 Passed, 40 Failed, --- Pass Rate: 94.6%, Failure Rate: 5.4%

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Current and past 4-year pass/fail statistical averages;  
New Candidates: 2637, Pass Rate: 91%, Failure Rate: 9%

***Note:** These pass/fail statistics are continuously updated throughout the year on our website.  
They are comparable to physician, medical / surgical specialty boards.*

There are currently 3534 Active Surgical Assistants - Certified (SA-C's)

\*\*\* 7960 candidates certified as SA-C's since 1987 \*\*\*

## Mission

As a leading provider of surgical assistant examination and credentialing, the ABSA strives to develop and maintain quality standards for the surgical assistant, thereby promoting safety and protection of the public. These standards include furtherment of knowledge, education and ethical conduct of the surgical assistant, through the continuation of the credentialing process and the promotion of pre and post educational training. The ABSA shall not discriminate, at any time, among applicants as to age, sex, race, religion, national origin, handicap, marital or other protected status.

## Code of Ethics:

### **As an ABSA, Surgical Assistant - Certified**

I pledge to pursue and uphold the highest attainable ethical standards.

I will place the physical and psychological well-being of my patients above all else.

I will continue to improve my medical knowledge and surgical skills.

I will conduct myself in a manner that is honest and above reproach, at all times, especially when dealing with my patients, colleagues and medical staff.

I will assist my colleagues when requested and will seek their guidance when my own abilities are in doubt.

Finally, I will support and strive to advance the objectives and goals of the surgical profession and specifically those of the:

### **American Board of Surgical Assistants**

We acknowledge that the role and function of a surgical assistant is to assist the surgeon, in the performance of a surgical procedure.

It is understood and acknowledged that certification as a surgical assistant through the ABSA does not allow for any independent performance of any medical or surgical procedures, within the United States of America or its territories.

**Please Note:** Anyone found guilty of "Practicing Medicine Without a License," in the United States of America or its territories, either by court trial or plea agreement, will lose their certification and never be eligible to certify with the ABSA again.

## What is Surgical Assisting all About

### What is Surgical Assisting?

Surgical Assisting involves active participation of a trained individual who is capable and able to assist the surgeon in completing a surgical procedure, safely and expeditiously. A surgical assistant functions in the role of a second physician, at the operating table. Ideally this individual should be another qualified surgeon or surgical resident; however, other licensed physicians experienced in surgical assisting would be the next choice. Non-licensed physicians or non-physicians with additional formal training and national certification as a surgical assistant are also acceptable, as deemed appropriate by the primary responsible surgeon, for the type and complexity of the surgical procedure.

### First and Second Assistant Roles, as defined by the ABSA

The American Board of Surgical Assistants defines First and Second Assistants as follows:

#### **First Assistant**

The first assistant on a surgical procedure is defined as the individual providing primary assistance to the primary (main) surgeon, during a surgical procedure. This individual **CANNOT** be involved in any other role or function, during the surgical procedure (i.e. first or second scrub and/or passing instruments). This individual must also be listed on the operative record as the first assistant, not as a first or second scrub!

Although descriptions may vary from institution to institution, the role of the first assistant requires active participation, during the surgical procedure. This involves providing exposure, hemostasis, tying or sewing plus other functions (excluding acting as the scrub nurse or technician) as determined by the primary surgeon, responsible for the patient and procedure.

An individual may not act as a first assistant, for example, on a simple hernia repair or similar case with only themselves and the surgeon. This is a surgeon/scrub role and not a surgeon/assistant role.

#### **Second Assistant**

This individual is not the primary assistant to the primary surgeon and is hereby defined and designated as a retractor holder. An assistant as defined under this section does not qualify as a first assistant.

### ACS Definition:

The American College of Surgeons defines the function of a surgical assistant, in part, as follows: “The first assistant to the surgeon during a surgical operation should be a trained individual who is capable of participating in the operation and actively assisting the surgeon as part of a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions, thereby helping 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 hospital. It is the surgeon’s responsibility to designate an individual who is most appropriate for this purpose.”

## ACS & AMA Policies on Surgical Assisting

### American College of Surgeons

**American College of Surgeons (ACS) – [Statement on Principles \(link is external\)](#) (excerpted), relating to Surgical Assistants; [Click Here for Full Text \(link is external\)](#)**  
**Section G. Surgical Assistants**

The first assistant during a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis, and serve other technical functions. The qualifications of the person in this role may vary with the nature of the operation, the surgical specialty, and the type of hospital or ambulatory surgical facility.

The American College of Surgeons supports the concept that, ideally, the first assistant at the operating table should be a qualified surgeon or a resident in an approved surgical education program. Residents at appropriate levels of training should be provided with opportunities to assist and participate in operations. If such assistants are not available, other physicians who are experienced in assisting may participate.

It may be necessary to utilize nonphysicians as first assistants. Surgeon's Assistants (SA's) or physician's assistants (PA's) with additional surgical training should meet national standards and be credentialed by the appropriate local authority. These individuals are not authorized to operate independently. Formal application for appointment to a hospital as a PA or SA should include:

#### **Qualifications and Credentials of Assistants**

- Specification of which surgeon the applicant will assist and what duties will be performed.
- Indication of which surgeon will be responsible for the supervision and performance of the SA or PA.
- The application should be reviewed and approved by the hospital's board.
- Registered nurses with specialized training may also function as first assistants. If such a situation should occur, the size of the operating room team should not be reduced; the nurse assistant should not simultaneously function as the scrub nurse and instrument nurse when serving as the first assistant. Nurse assistant practice privileges should be granted based upon the hospital board's review and approval of credentials. Registered nurses who act as first assistants must not have responsibility beyond the level defined in their state nursing practice act.

Surgeons are encouraged to participate in the training of allied health personnel. Such individuals perform their duties under the supervision of the surgeon.



## American Medical Association

### **American Medical Association (AMA) - Policy, H475.986 (full statement), Surgical Assistants other than Licensed Physicians**

The AMA: (1) affirms that only licensed physicians with appropriate education, training, experience and demonstrated current competence should perform surgical procedures;

(2) recognizes that the responsible surgeon may delegate the performance of part of a given operation to surgical assistants, provided the surgeon is an active participant throughout the essential part of the operation. Given the nature of the surgical assistant's role and the potential of risk to the public, it is appropriate to ensure that qualified personnel accomplish this function;

(3) policy related to surgical assistants, consistent with the American College of Surgeons' Statements on Principles states: (a) The surgical assistant is limited to performing specific functions as defined in the medical staff bylaws, rules and regulations. These generally include the following tasks: aid in maintaining adequate exposure in the operating field, cutting suture materials, clamping and ligating bleeding vessels, and, in selected instances, actually performing designated parts of a procedure. (b) It is the surgeon's responsibility to designate the individual most appropriate for this purpose within the bylaws of the medical staff. The first assistant to the surgeon during a surgical operation should be a credentialed health care professional, preferably a physician, who is capable of participating in the operation, actively assisting the surgeon. (c) Practice privileges of individuals acting as surgical assistants should be based upon verified credentials and the supervising physician's capability and competence to supervise such an assistant. Such privileges should be reviewed and approved by the institution's medical staff credentialing committee and should be within the defined limits of state law. Specifically, surgical assistants must make formal application to the institution's medical staff to function as a surgical assistant under a surgeon's supervision. During the credentialing and privileging of surgical assistants, the medical staff will review and make decisions on the individual's qualifications, experience, credentials, licensure, liability coverage and current competence. (d) If a complex surgical procedure requires that the assistant have the skills of a surgeon, the surgical assistant must be a licensed surgeon fully qualified in the specialty area. If a complication requires the skills of a specialty surgeon, or the surgical first assistant is expected to take over the surgery, the surgical first assistant must be a licensed surgeon fully qualified in the specialty area. (e) Ideally, the first assistant to the surgeon at the operating table should be a qualified surgeon or resident in an education program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) and/or the American Osteopathic Association (AOA). Other appropriately credentialed physicians who are experienced in assisting the responsible surgeon may participate when a trained surgeon or a resident in an accredited program is not available. **The AMA recognizes that attainment of this ideal in all surgical care settings may not be practicable. In some circumstances it is necessary to utilize appropriately trained and credentialed unlicensed physicians and non-physicians to serve as first assistants to qualified surgeons (emphasis added).** (BOT Rep. 32, A-99; Reaffirmed: Res. 240, 708, and Reaffirmation A-00)

## **United States Department of Labor:**

U.S. Bureau of Labor Statistics, Standard Occupational Classification (2018)

29-9093 Surgical Assistants

Assist in operations, under the supervision of surgeons. May, in accordance with state laws, help surgeons to make incisions and close surgical sites, manipulate or remove tissues, implant surgical devices or drains, suction the surgical site, place catheters, clamp or cauterize vessels or tissue, and apply dressings to surgical site. Excludes "Registered Nurses" (29-1141) and "Surgical Technologists" (29-2055).

## ABSA Eligibility

### Eligibility Requirements

As with any skilled specialty career, there are many eligibility requirements and it is important to fully understand these requirements to apply for Surgical Assistant Certification and effectively perform your job duties. You are eligible to take the ABSA Certification Examination for Surgical Assistants, if you completely meet one of the following criteria. Each candidate must possess more than a basic surgical and anatomical knowledge, along with the manual and technical skills necessary to function effectively, in the role of a surgical assistant. Eligibility criteria and requirements have been set by the American Board of Surgical Assistants, which has final authority, regarding who may or may not sit for the examination.

#### 1. Physicians (U.S. or Foreign Trained)

- a. Medical School Completion. The medical school must be listed in the *International Medical Education Directory* (IMED). (The IMED lists recognized U.S. and foreign medical schools.)
- b. Provide a copy of Curriculum Vitae (Resume).  
The above-required items **must document** a minimum of two years primary or advanced surgical experience

#### 2. Licensed and Non-licensed Allied Health Professionals

- a. PA's, RN's, LPN's, CST's and ST's must provide documentation of successful completion of a formal surgical assistant training program, approved by the ABSA, or CAAHEP approved formal surgical assistant training program.
- b. Provide a copy of Curriculum Vitae (Resume), documenting two (2) years of clinical surgical scrub experience.
- c. Manual/Practical Skills Evaluation

**Note:** The ABSA and its officers, make the final determination as to who may or may not sit for the certification examination.

## Acknowledgements

### ABSA Statement on Personal and Professional Demographic Information.

The ABSA abides by the General Data Protection Regulation (GDPR) and Demographic Privacy Laws. ABSA collects personal and professional demographic information to better serve the organization. (e.g., Professional photo, name, address, telephone numbers, date-of-birth etc.)

These demographics are required in order to fully process your application.

Individual personal demographic information is not distributed or disseminated, without your approval.

### Role and Function of a Surgical Assistant

I acknowledge that the role and function of a surgical assistant is to assist the surgeon, in the performance of a surgical procedure. I understand and acknowledge that certification as a surgical assistant through the ABSA does not allow for any independent performance of any medical or surgical procedures, within the United States of America or its territories.

**Please Note:** Anyone found guilty of "Practicing Medicine Without a License," in the United States of America or its territories, either by court trial or plea agreement, will lose their certification and never be eligible to certify with the ABSA again.

### All Information is True and Accurate

I certify that I understand all statements in this application and affirm all information contained in this application to be true and correct. I understand that any misrepresentation will result in rejection of this application and/or revocation of any certification, obtained through the ABSA. I agree to hold the American Board of Surgical Assistants free from damage or complaint, by reason of any action its directors, officers or agents may take in connection with this application, or failure of the ABSA to issue certification to me.

For security purposes, your IP Address will be recorded in our database.

### Release of Information

I acknowledge and agree that the ABSA may release my examination scores and credential status to organizations such as those which regulate the practice of surgical assisting and current or potential employers.

### Confidentiality

I further agree to keep all information regarding the examination questions, answers, pictures and graphics confidential.

Not accepting any of the acknowledgements will cause a rejection of your application.

## ABSA Fees

### Exam Fee Schedule

The examination fees for the ABSA Certification Examination for Surgical Assistants are listed below. These fees include a comprehensive study guide, sent after we receive your completed application and all associated documentations. You must pay by credit card, or your PayPal account with PayPal.

- Initial Application for Certification (fee \$445.00)
- Military Discounted Initial Application for Certification (fee \$400.00)
- Re-Test Exam (fee \$250.00)
- Recertification by Application (fee \$120.00)
- Recertification by Application plus Late Fee (fee \$325.00)
- Recertification by Exam (fee \$250.00)
- Reinstatement by Application (fee \$350.00)
- Reinstatement by Exam (fee \$425.00)
- Recertification for Active-Duty Military (No Charge)

### Other Fees

- Lapel Pin \$9.00
- Scrubs & Caps Coming Soon!
- Free Practice Exam (10 questions)
- 40 Question Practice Exam \$45.00 (discounted to \$30.00 with application)
- \*Late Fee: \$205.00
- Certificate Replacement Fee (Email [office@absa.net](mailto:office@absa.net)) \$10.00
- Returned Check Fee \$50.00

If your payment is returned by your bank as non-negotiable, for any reason, the ABSA will not process your certification or release your score reports, until your account has cleared.

### Refunds

If you wish to cancel your Surgical Assistant Certification application, a request for a refund must be sent to [office@absa.net](mailto:office@absa.net). The request must include your full name, mailing address and phone number. An administration fee of \$100.00 may be withheld along with any optional fees. Refunds will be refunded within six weeks.

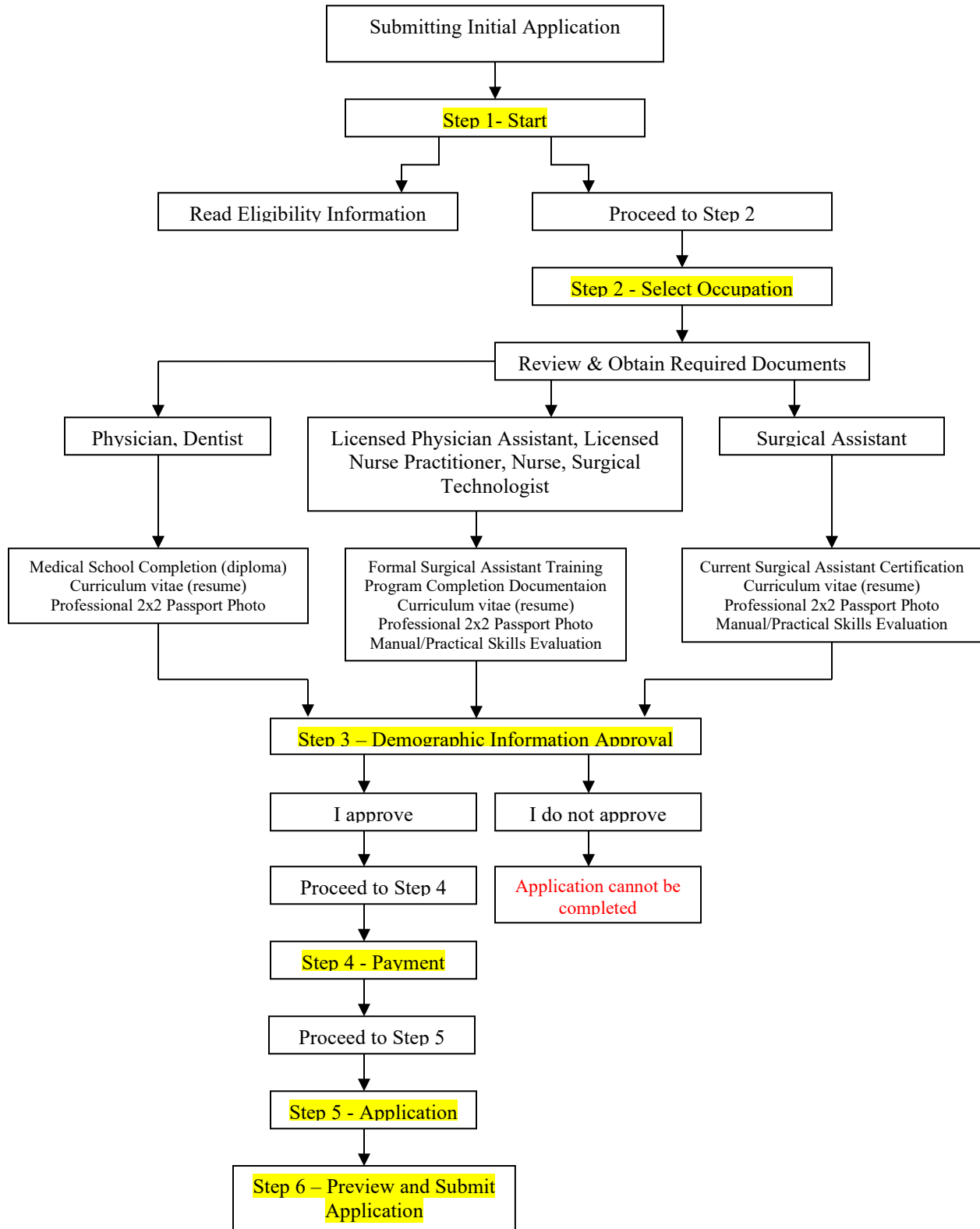
### Credit Card Payments

Important Notes: Paying online **DOES NOT** constitute an application for surgical assistant examination or Surgical Assistant – Certified recertification. We must have the application and all supporting documentation.

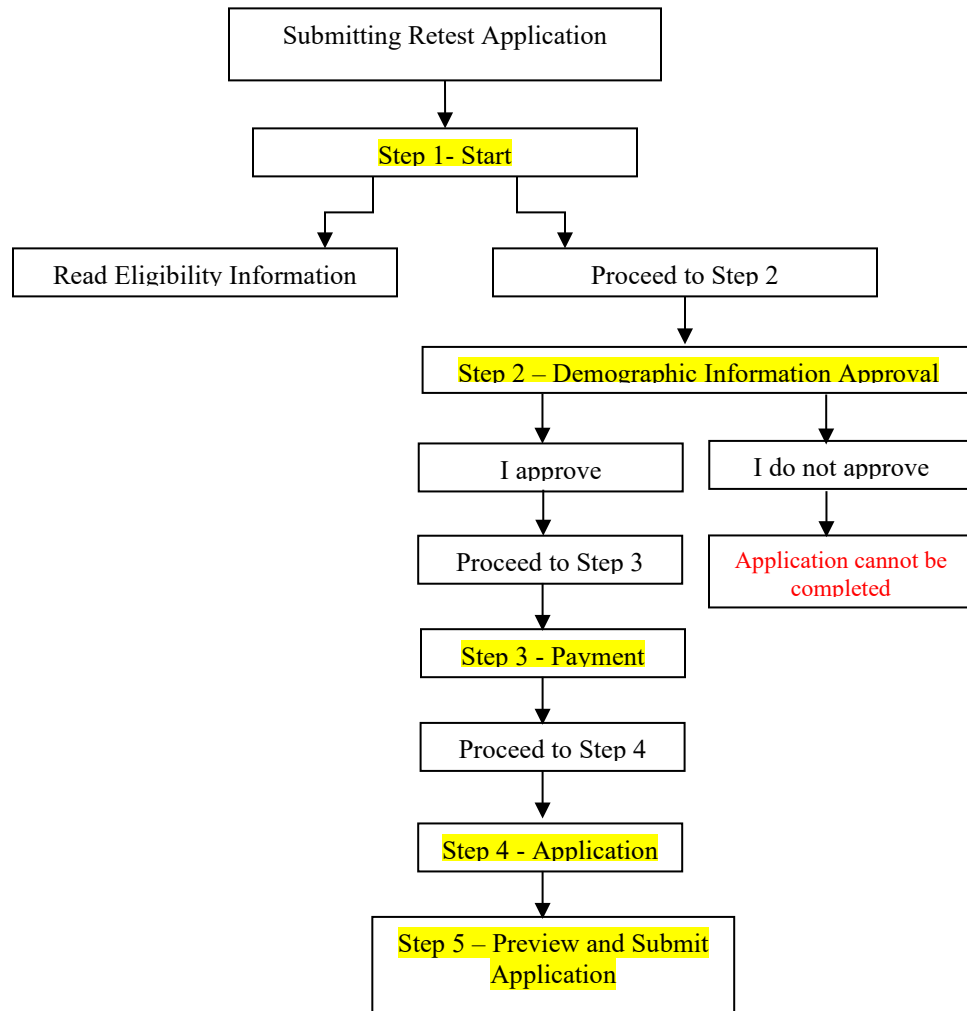
**\*NOTE:** Late fees may apply and are calculated automatically at the time of application submission.

## Examination Information:

### Submitting an Initial Application



### Apply for ABSA Re-test



## Accommodations for Candidates with Disabilities:

All test centers are fully accessible. If you require a special accommodation, include with your application a letter from your licensed physician (on their letterhead) describing the nature of the limitation, as it applies to writing a standardized, multiple-choice examination. The letter must state the accommodations needed for testing. The accommodations, if approved by the ABSA, will be provided at no extra charge. The Office of the ABSA must receive the application and letter at least forty-five (45) days prior to the examination.

## Examination Schedule Information:

The ABSA Certification Examination for Surgical Assistants is a Live Remote Proctored Exam (Your Preferred Date & Time 24/7)

After receiving your application, our staff will review it and if approved, you will receive your comprehensive study guide and confirmation letter. If your application is disapproved, your payment and an explanation will be returned to you.

## Examination Outline:

The ABSA Certification Examination for Surgical Assistants is comprised of 150 multiple-choice questions, covering all surgical disciplines and all areas of perioperative medicine, including instrumentation. The examination evaluates candidate knowledge of surgical anatomy, procedures, techniques, diagnostic studies, emergency situations, OSHA regulations, and general patient safety.

The ABSA Certification Examination is weighted in approximately the following breakdown:

- General Surgery - 15%
- Orthopaedics - 9%
- Gynecological - 9%
- Varied other Surgical Specialties - 7%
- General Operative Knowledge - 19%
- Anatomy & Medical Terminology - 28%
- Instrumentation – 7%
- CPR 6%

To successfully pass the examination, each candidate must score a minimum of 70%



- **General Surgery**
  - **Surgical Anatomy**
    - Abdomen
    - Abdominal Walls
    - Esophagogastrointestinal Tract
    - Gallbladder
    - Liver
    - Spleen
    - Surgical Considerations
    - Blood Supply the Gut
    - Great Vessels
    - Pelvis
    - Muscles
    - Vascular Structures
    - Ureters
    - Thorax
    - Breasts
    - Ribs & Muscles
    - Lungs
    - Mediastinum
    - Sympathetic Chain
  - **Surgical Procedures**
    - Cholecystectomy
    - Gastrectomy
    - Appendectomy
    - Hernia Repairs
  - **Surgical & Procedural Terminology**
- **Gynecological Surgery**
  - **Surgical Anatomy**
    - Uterus & Adnexa
    - Placenta
    - Vagina
  - **Surgical Procedures**
    - Abdominal Hysterectomy
    - Caesarean Section
    - Anterior & Posterior Repairs of Vagina
  - **Surgical & Procedural Terminology**
- **Urological Surgery**
  - **Surgical Anatomy**
    - Kidneys & Ureters
    - Bladder
    - Prostate
    - External Genitalia (male & female)
  - **Surgical Procedures**
    - Bladder Catherization
    - Bladder Suspensions
    - Nephrectomy
    - Renal Transplantation
  - **Surgical & Procedural Terminology**
- **Cardio-thoracic Surgery**
  - **Surgical Anatomy**
    - Sternum
    - Diaphragm
    - Heart
    - Coronary Arteries
    - Valves
    - Congenital Defects

- **Cardiac Equipment (general knowledge of function)**
  - Heart-Lung Machine & Cardiac Cannulation
  - Cell Saver
  - Intra-aortic Balloon Pump
  - Defibrillator
  - External Pacemaker
- **Surgical Procedures**
  - Mitral & Aortic Valve Replacement
  - Coronary Artery Bypass Graft
- **Surgical & Procedural Terminology**
- **Orthopedic Surgery**
  - **Surgical Anatomy**
    - **Superior Extremities**
      - Shoulder
      - Elbow
      - Forearm
      - Wrist
      - Hand
    - **Inferior Extremities**
      - Hip
      - Knee
      - Ankle
      - Fractures
    - **Long Bone**
      - Hip
      - Wrist
  - **Surgical Procedures**
    - Total Hip Replacement
    - Total Knee Replacement
    - ACL Reconstruction
    - Cast Applications
  - **Surgical & Procedural Terminology**
- **Neurological Surgery**
  - **Surgical Anatomy**
    - Head
    - Skull
    - Brain
    - Cranial Nerves
    - Vertebral Column
    - Cervical Spine
    - Thoracic Spine
    - Lumbar Spine
    - Sacrum & Coccyx
    - Spinal Cord
    - Nerve Roots
    - Dermatomes
  - **Surgical Procedures**
    - Anterior Cervical Discectomy
    - Lumbar Laminectomy
  - **Surgical & Procedural Terminology**
- **Robotic Assisted Surgery**
  - Procedures
  - Setup & Draping
  - Positioning
  - Instrumentation
  - Complications
  - Troubleshooting

- Surgical & Procedural Terminology
- **EKG Interpretation**
  - **Normal Sinus Rhythm**
  - **Atrial Arrhythmias**
    - Sinus Bradycardia
    - Sinus Tachycardia
    - Sinus Arrhythmia
    - Atrial Fibrillation
  - **Ventricular Arrhythmias**
    - Ventricular Tachycardia
    - Premature Ventricular Contractions
    - Ventricular Fibrillation
- **Laboratory Data**
  - **Normal Values**
    - Complete Blood Count (CBC)
    - Serum Electrolytes
    - Arterial Blood Gas
    - Urinalysis
  - **Critical Values**
    - Serum Potassium
    - Oxygen Saturation
- **Radiological Interpretations**
  - **X-ray**
    - Hip
    - Wrist
    - Intra-operative Cholangiograms
  - **MRI**
    - Brain
    - Cervical Spine
    - Lumbar Spine
    - Shoulder
    - Hip
    - Knee
  - **Surgical & Procedural Terminology**
- **Microbiology**
  - **Asepsis & Infection Control**
    - Hepatitis
    - HIV / AIDS
    - Wound Healing
  - **Sterilization Techniques**
    - High-Speed Steam Sterilization
    - Cold Sterilization (Liquid)
- **General Operating Room Knowledge**
  - **Patient Safety**
    - Moving & Positioning
    - Restraint
    - Transportation
    - Psychological
  - **General Operating Room Equipment**
    - Electrocautery Devices
    - Suctions
    - Warming Blankets
  - **OSHA Regulations, HIPAA Regulations & Personal Safety**
    - Government Regulations regarding Patient Information & Privacy Issues
    - Operative Consent
    - Personal Protection
    - Glasses

- Gowns, Gloves & Masks
- Handling of Biologicals
- Fire & Safety in the Operating Room Environment

**Key Benefits**

- This section of multiple-choice type questions allows the ABSA to evaluate a candidate's general knowledge in all surgical disciplines.
- This section requires a candidate to possess more than just a superficial knowledge of surgical medicine.
- This section permits a candidate to have validation of their knowledge of surgical medicine by means of a structured examination process.

## Recertification Information

### Recertification Requirements

Recertification is designed to ensure that the Surgical Assistant-Certified strives to continue their education in health science and medicine. The following section describes the procedures by which Surgical Assistant Certification can be maintained. Recertification as initial application is a totally digital / online process.

- Each Surgical Assistant – Certified is required to acquire eighty (80) recertification points in a two (2) year period (not 80 CEU hours, but total recertification points).
- Required documentation must be submitted every two (2) years.
- Courteous recertification notifications will be emailed starting at 6 months prior to certification expiration.
- The appropriate filing fee must accompany required documents.
- Each Surgical Assistant – Certified, must have assisted on a minimum of four hundred (400) clinical surgical procedures or 1500 clinical surgical hours, every two years, in the role of a certified surgical assistant.
- Recertification is granted provided each and all point requirements are fulfilled, with documentation and appropriate filing fees received, on time.
- Acknowledge that the role and function of a surgical assistant is to assist the surgeon, in the performance of a surgical procedure. It is understood and acknowledged that certification as a surgical assistant through the ABSA (SA-C) does not allow for any independent performance of any medical or surgical procedures, within the United States of America or its territories.

**Please Note:** Anyone found guilty of “Practicing Medicine Without a License,” in the United States of America or its territories, either by court trial or plea agreement, will lose their certification and never be eligible to certify with the ABSA again.

### An individual will lose certification if he or she:

- Falsifies a report (will never be allowed certification again, by the ABSA)
- Violates the ABSA “Code of Ethics”
- Speaking out against or defaming the ABSA, in any manner actual or perceived
- Fails to meet the professional experience
- Does not acquire the eighty (80) recertification points within the two (2) year period.
- Does not submit all required documentation and fees prior to the certification expiration date.

The following is a partial listing of point allocations and documentation that can be used for recertification, without examination. Each ABSA, Surgical Assistant – Certified must obtain a minimum of 40 points each year, for recertification.

## Documentation of Activities:

Each individual is responsible for providing written documentation of their professional activity. Credit will not be awarded for activities not properly documented. Documentation procedures are outlined below:

- Major medical meetings may be documented by registration receipts.
- Local meetings or seminars must list dates, times, and topics.
- Copies of the program showing the topic and the presenters. Presentations must be documented.
- Publications authored must be documented by full reference to the journal or book.
- Recertification Point Allocations are assigned on a per contact hour basis. Below is a partial listing of categories and points allocated.

## Recommended Recertification Point Allocations:

Points are assigned on a per contact hour basis. Below is a sample partial listing of categories and points allocated.

<u>Category</u>	<u>Maximum points / year</u>
Attendance at a national medical meeting	20 pt. / yr.
Attendance at regional medical meetings, seminars or hospital-based conferences	10 pt. / yr.
Publication in a professional journal or proceedings	20 pt. / yr.
Presentation at a national or regional medical meeting	15 pt. / yr.
Presentation at hospital seminar or conference	5 pt. / yr.
Listening to or viewing a medical audio-visual aide	6 pt. / yr.
Reading professional journals (must list volume and issues)	6 pt. / yr.
<u>First Assisting on four hundred (400) clinical surgical procedures or 1500 clinical surgical hours, every two years (Required)</u>	25 pt. / yr.
ACLS, PALS or CPR certification <b>(Required)</b>	4pt. / yr.

**It is important to retain copies of all information sent to the ABSA, for your own records.**

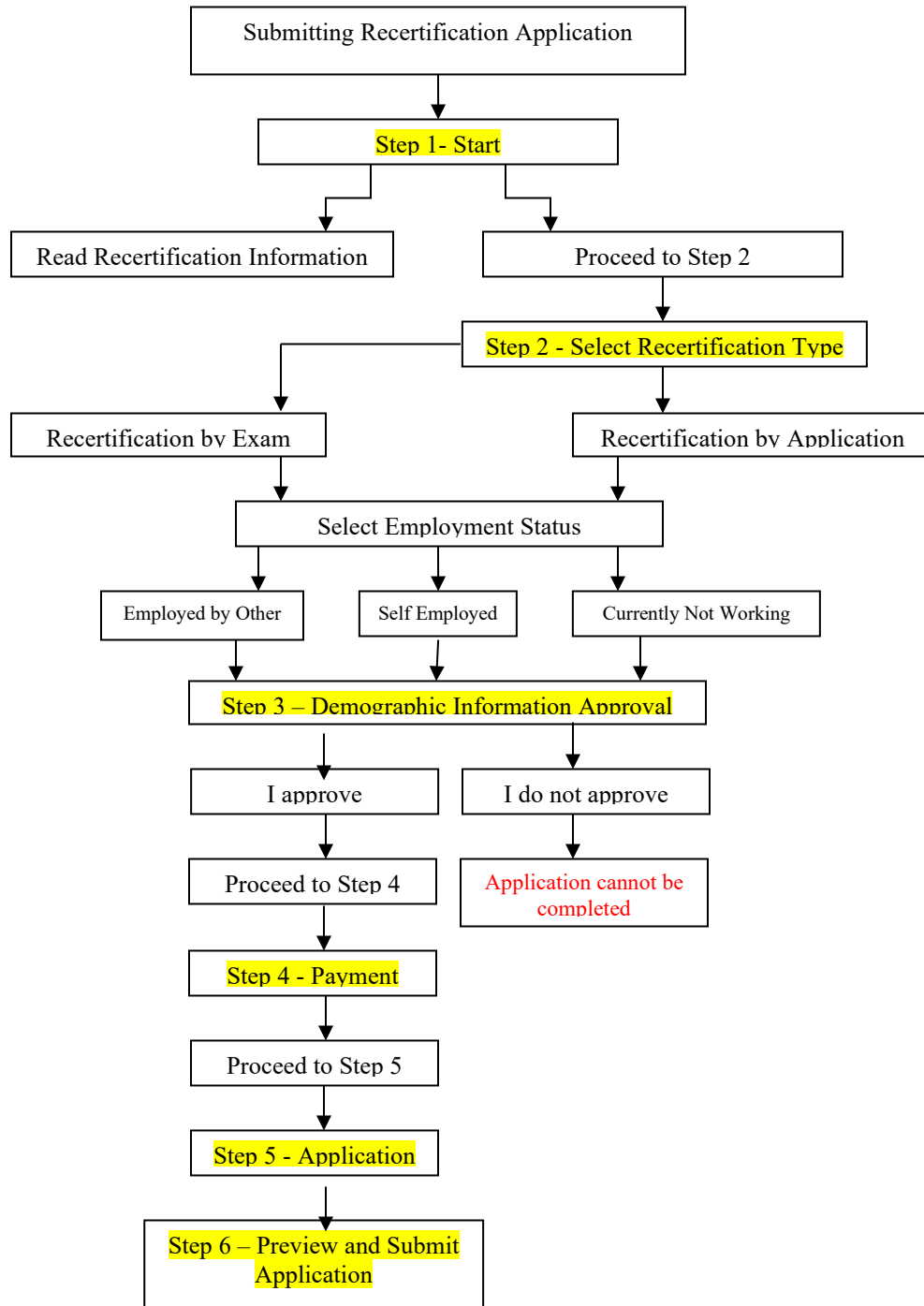
## Required Documents if Self Employed

- Case Log Form
- Continuing Medical Education
- Copy of CPR, ACLS, PALS certification
- PayPal receipt (Receipt will be emailed to you upon completion of payment)

## Required Documents if employed by a Hospital, SurgiCenter, SA Group or Physician

- Work Verification Form
- PayPal receipt (Receipt will be emailed to you upon completion of payment)

## Submitting a Recertification Application



## ABSA Policies

### Disciplinary Actions

The following is adapted from the *ACS Statement of Principles* regarding disciplinary actions.

Upon receiving written information that a surgical assistant, certified by the ABSA, is violating any principle of the American Board of Surgical Assistants, the Board will investigate the charges. If disciplinary action is imposed, it may take one of the following forms:

- A. **Admonition** - A written notification, warning, or serious rebuke.
- B. **Censure** - A written judgment, condemning the *SA-C*'s action as wrong. This is a reprimand.
- C. **Probation** - A punitive action for a stated period of time, following which the *SA-C* will be reconsidered for full privileges.
- D. **Suspension** - A severe punitive action for a stated or indefinite period of time, during which the *SA-C* will lose their ABSA certification. The *SA-C* must return their certificate. When suspension is lifted, the *SA-C* will be returned to full privileges and a new certificate issued.
- E. **Expulsion** - The certificate of the *SA-C* and all other indicia of certification, previously issued by the ABSA, must be forthwith returned to the ABSA. The assistant shall not claim nor pretend to be an *SA-C* of the American Board of Surgical Assistants. The assistant will not be eligible to resit for certification, by the ABSA.



## Additional Information

### Contact Information:

#### Mailing Address:

11414 West Park Place

Park Place Suite 202 #626

Milwaukee, Wisconsin 53224

#### ABSA Mailing Address: (PO Box only accepts USPS, do not send FedEx, UPS, etc..)

PO Box 362

Hazelhurst, WI 54531

#### Office Telephone:

1-715-439-4334 or 1-877-617-8345

(8am – 4pm M-F, Central time)

Fax 1-303-539-9847 (24/7)

#### Internet Address:

[www.absa.net](http://www.absa.net)

#### E-mail:

[office@absa.net](mailto:office@absa.net)

## Governance

### ABSA Executive Directors & Staff

#### Founder & Chief Executive Officer

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\*Doctor of Medicine

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Windsor University School of Medicine

Basseterre, St. Kitts

#### Director of Education

Victor J. Escalante, M.D.\*, PhD, EdD, SA-C

\*Doctor of Medicine

Miami, FL

Universidad del Zulia

Maracaibo, Venezuela

#### Chief Operating Officer

Veronica M. Stewart

Credentialing Specialist

Minocqua, WI

**Psychometrician**

Jonathan P. Weeks, PhD  
Psychometrician / Consultant  
Lawrenceville, NJ

**Lay Advisor**

Jerry J. Bybee, B.S.  
Minocqua, WI  
V.P. Commercial Banking  
Nicolet National Bank

**ABSA Board of Directors**

**Chairman**

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Niles, IL  
\*Doctor of Medicine  
Medical University 'Prof. Dr. Paraskev Stoyanov' Varna  
Varna, Bulgaria

**Director**

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Havana, Cuba

**Director**

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\*Doctor of Medicine  
Universidad del Zulia  
Maracaibo, Venezuela

**Director / Secretary**

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Vieux Fort, Saint Lucia, West Indies

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Nishitkumar S. Patel, M.D.  
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Mt Sinai Hospital Medical Center  
California Avenue at 15th Street  
Chicago, IL 60608

#### **ABSA Proctors**

- Invigulus <https://www.invigulus.com/>
- MonitorEDU <https://monitoredu.com/>

#### **Accounting Firm**

Peterson Metz Ltd  
9531 Townline Rd  
Minocqua, WI 54548

#### **Product Development & IT Support**

Midwestern Technology