



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

Certification Number _____

1. 400 cases or 1500 hours in the role of a first assistant (If less than required number of cases or hours, please list the number here with an explanation: _____)
2. Continuing Medical Education (In-services, Journal Readings and/or Conferences)
3. CPR, ACLS or PALS

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.*

“More than 30 Years of Excellence to the Surgical Community”

www.absa.net email: office@absa.net