Tech in Surgery - Certified (NCCT)
Critical Skill Competency/
Qualification by Experience Documentation
For All Routes

NCCT
NATIONAL CENTER FOR COMPETENCY TESTING

Phone 800.875.4404
Fax 913.498.1243

TE-0204CSQE   *www.ncctinc.com*

Instruction Page

Thank you for assisting this applicant in completing the form required prior to approval for the TS-C (NCCT) certification exam. This form is essential as it provides necessary proof and verification of the applicant's knowledge, education, training, and proficiency in the critical skills needed for certification as a Tech in Surgery-Certified (NCCT).

Instructions for completing this form

1. **Documentation Requirements:**
   • Complete the form: Fill out all sections of the form completely, accurately, and legibly.
   • Facility-specific verification: Each verifier can only confirm experience gained at their own facility.

2. **For Educational Pathway Applicants:**
   • Case documentation time frame: Students and graduates have up to two (2) years from their certification test date to complete all case documentation. Certification will not be granted until all cases are documented and verified, and all other required documentation has been received.
   • Required Verification: The form must be completed and signed by an instructor, preceptor, externship coordinator, program director, or program manager.

3. **For Experience Pathway Applicants:**
   • Experience Requirement: Applicants must demonstrate and have documented verification of at least three (3) years of full-time work experience within the last five (5) years. This experience must include performance of all critical skills required for a surgical technologist.
   • Definition of Full-time: NCCT defines full-time experience as a minimum of 40 hours per week.
   • Verification Required: The form must be completed and signed by the applicant's direct patient care supervisor, which may include a licensed physician, surgeon, or registered nurse (RN)/circulating OR nurse.
   • Supervisor Verification: Only one (1) direct patient care supervisor may verify the applicant's experience per form.

4. **Scrub Information:**
   • First Scrub: Criteria for verifying first scrub:
   Cases where the applicant does not meet all five criteria cannot be counted as a first scrub role.
   1. Verify supplies and equipment needed for the surgical procedure.
   2. Set up the sterile field with instruments, supplies, equipment, medications, and solutions that may be needed for the procedure.
   3. Perform counts with the circulator.
   4. Pass instruments and supplies to the surgical team during the procedure.
   5. Maintain sterile technique, as measured by recognized breaks in technique and demonstrate knowledge of how to correct when and if necessary.
   • Second Scrub: These cases can be counted as a second scrub role:
   The applicant who is at the sterile field has not met all criteria for the first scrub role, but actively participates in the procedure in its entirety by completing any portion of the above, or any of the following:
   These cases can be counted as a second scrub role.
   1. Sponging
   2. Suctioning
   3. Cutting sutures
   4. Holding retractors
   5. Manipulating the camera

Note: Only one (1) verifier per form.

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Please submit this form to NCCT with your exam application

Candidates are required to complete a total of 125 cases, with a minimum of 90 as the 1st scrub. Case mix should include 30 to 50 general surgeries and 75 to 95 in at least three (3) different specialties listed in the table below.

Portion to be completed by the applicant:

Name of Applicant _____

Today's Date (mm/dd/yyyy) _____ NCCT User ID # _____

Portion to be completed by the applicant's verifier *(as specified on the corresponding instruction page)*:

Critical Skill Performance Documentation
Please list the number of cases in the column

Category	*1st Scrub*	**2nd Scrub**
General Surgeries (Minimum 30 required; maximum 50)		
Select at least three (3) of the following specialties (75 to 95)		
Gynecology		
Genitourinary		
Cardiovascular		
Neurosurgery		
Obstetrics		
Thoracic		
Peripheral Vascular		
Ophthalmology		
Otorhinolaryngology		
Orthopedic		
Plastic/Reconstructive		
Diagnostic Scopes (Maximum of 15)		
Other *(please specify)*		
TOTALS (Minimum of 125 total cases, minimum 90 as 1st scrub)		

*Please refer to the instruction page for definitions of 1st and 2nd scrub

Verification

If this applicant was enrolled in your educational program or employed by your organization within the last five (5) years and training or employment includes successful performance of these critical skills, please provide the dates of training or full-time employment (defined by NCCT as 40 hours per week). Each verifier may only verify work experience performed at their own facility.

The applicant successfully performed the skills attested to through: ____ employment experience   ____ educational training
from _____ / _____ through _____ / _____ or _____ present.
   month   *year*   *month*   *year*

Verification Statement: Minimum Critical Skill Competency Requirements

By signing this form, I am verifying the applicant named above is competent (safe, consistent, and successful) in the performance of job tasks as a surgical technologist, as documented in the cases above. Verifier's signature and legible contact information are required for valid completion of this form. NCCT reserves the right to request case logs if required to support critical skill competencies. Please DO NOT submit case logs unless requested.

Verifier Contact Information:

Today's Date (mm/dd/yyyy) _____

Verifier Title _____

Verifier Printed Name _____

Verifier Signature _____

Institution Name _____

Business Address _____ City, State _____ Zip _____

Business Phone _____ Business Email _____