



SURGICAL ASSISTANT DOCUMENT CHECKLIST	
Please keep a photocopy of any submitted documents for your records, as they will not be returned.	
	Authorization to Release Information Form (if applicable)
	One (1) Recent and Identical Passport Type Photos of the Applicant's Face (approx. 2" x 2")
	One (1) Photocopy of a Current Government Issued Photo ID
	Criminal Background Check (CBC)
	To access the CBC form and instructions, go to https://dchealth.dc.gov/service/criminal-background-check or contact the CBC unit at (877) 672-2174.
	Verification(s) of Licensure
	Verifications should be provided from the issuing jurisdiction(s) for each license identified on the application.
	Proof of Certification
	Proof of certification with the National Surgical Assistant Association (NSAA), the American Board of Surgical Assistants (ABSA), the National Commission for the Certification of Surgical Assistants (NCCSA) and/or the National Board of Surgical Technology and Surgical Assisting (NBSTSA) should be submitted directly from the relevant certifying body.
	Surgical Assistant Program Transcripts (if applicable)
	Individuals applying by way of completion of a CAAHEP accredited program should be provided in a sealed envelope from the issuing institution for each school listed on the application.
	Verification of Full Time Work Experience Training (if applicable)
	Individuals applying by way of fulltime work experience must submit proof of having performed at least 1,300 hours of work as a Surgical Assistant in the United States, under the direct supervision of a physician licensed in the United States. This work experience must have occurred within the three (3) years immediately preceding the date of application. Proof of such experience should be sent from the supervising physician or employer, on official letterhead, and accompanied with verification of the supervising physician's licensure status during the time of employment.
	Armed Forces Training Program (if applicable)
	Individuals applying by way of completion of a dedicated training program for surgical assistants in the armed forces must provide proof of completion from the branch of the armed forces where they completed the training program.
	Malpractice Claims Form (if responded "Yes" to screening question #2)
	Must submit all relevant court documentation (e.g., Complaint, Answer, and Final Order/Decision).
	National Practitioner Databank (NPDB) Self Query Report
	The Self-Query Report must be requested from the NPDB no more than thirty (30) days prior to submission of the application.