



FACILITY LETTER OF RECOMMENDATION

Applicant Name _____ Title _____ RN License # _____

Applicant Signature _____ Date _____

Dear Operating Room Supervisor or Manager: The above candidate is requesting you validate his/her skills, knowledge and level of proficiency to enable their application to be considered for NASC's Registered Nurse Assistant in Surgery Certification (RNAS-C) exam.

Proficiency:

I attest that the above candidate has successfully and consistently demonstrated a proficiency in sterile technique, first assisting skills and possesses a working knowledge of operating room fundamentals consistent with the current practice of surgical medicine. The above candidate also performs effectively as a team member and in stressful and emergent situations.

OR Experience:

I verify that the above candidate has at least _____ months or years operating room experience. I have added extra comments on the back of this form. The above candidate has my recommendation to sit for RNAS-C certification.

Name _____

Position (must be Operating Room Supervisor, Manager, or Surgical Clinical Educator)

Hospital or Surgery Center Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Signature _____ Date _____

All candidates for the RNAS-C Exam must adhere to their state laws regarding the assistant at surgery role.