APPLICATION FOR CERTIFIED SURGICAL TECHNOLOGIST
PROFESSIONAL ADVANCEMENT
CHECK OFF LIST

1. Contact your Nursing Director/Manager
   ____

2. Recommendation from Nursing Director /Manager
   ____
   Name:____________________________________

3. Recommendation from peers received
   ____
   Peer 1 ____________________________________
   Peer 2 ____________________________________

4. Email your completed packet to Human Resources
   by given deadline
   ____

5. Interview Date & Time _________________________