



ACADEMY OF SURGICAL RESEARCH

Application for Surgical Research Technician (SRT) Certification

Name	
Home Address 1	Home Phone
Home Address 2	Home Fax
City, State, Postal Code	Home Email

Employer Name	
Title/Position	
Work Address 1	Work Phone
Work Address 2	Work Fax
Work City, State, Postal Code	Work Email

Education	
High School	College
Other Certifications/Accreditations (LVT, LATg, etc.):	

Surgical Training Courses Provide documentation for any surgical training you have received to prepare for the surgical procedures you currently perform. Please provide any of the following information that applies to you. <ul style="list-style-type: none">• Detailed Description of Programs• Description of "on the job "Training (length and nature of training)• Listing of Self Study Material• Syllabus of Seminars and Workshops
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Certification of Surgical Competence To be completed by a person with a doctoral degree in medicine, dentistry, or veterinary medicine or Surgical Research Specialist who has assessed the ability of the candidate in the operating room. <input type="checkbox"/> M.D. <input type="checkbox"/> D.D.S. <input type="checkbox"/> D.V.M. <input type="checkbox"/> S.R.S. <input type="checkbox"/> other _____
I certify that I have observed _____ perform aseptic survival surgery in a reliable and reproducible manner.

Signature	Date
Title	Degree
Address 1	Email
Address 2	Phone
City, State, Postal Code	

Other Documentation to be Submitted:

One (1) Surgical Case Log: This log will record activity for a minimum of a twelve (12) month period within a three (3) year period preceding the date of the application and must include a minimum of twelve (12) survival aseptic surgical cases, performed by the applicant. A minimum of two (2) different surgical procedures must be included in the case log, although similar procedures at different anatomical sites are acceptable (i.e., femoral vein and carotid artery cannulations). Survival aseptic cases are defined as those where the animal survives for a minimum of 72 hours post recovery and the procedure is performed with standard aseptic techniques. Reported surgical cases must cover a period of at least one (1) year such that the most recent case is at least 364 days apart from the oldest case. The case log should be in the form of a chart documenting the information required and must be certified for accuracy with a signature and date by the supervising surgeon, the laboratory animal veterinarian, or a SRS certified technician.

Acceptable surgical cases for the Surgical Research Technician certification are defined as follows: cases must involve basic surgical techniques such as incision creation, dissection, and wound closure. Acceptable procedures include peripheral vessel cannulation, castration, radio-telemetry device implantation, and large reservoir subcutaneous pump implantation. Examples of procedures not complex enough to qualify include routine laceration closure and implantation of subcutaneous ID chips or any procedure using an injectable type device. Procedures where the applicant acted as a secondary surgeon or sterile assistant may be accepted if the duties were relatively extensive (i.e., significant dissection or wound closure) and a detailed description of the duties performed by the applicant is included. These cases will be evaluated on a case-by-case basis by the reviewing staff.

Log includes at a minimum:

- Date of each case
- Animal description (species, strain, sex, age)
- Procedure performed
- Survival or non-survival
- Complications
- Outcome including applicable euthanasia date and method
- Primary or assistant surgeon (if assistant, define your role)

Narrative descriptions of two (2) surgical procedures that the applicant has performed and that are included in the surgical case log This must appear in a narrative form and should be comprehensive and detailed. The list below is the minimum that must be submitted. The narrative should be in typed format and reviewed for spelling and accuracy.

Narratives include at a minimum:

- The type and goals of the procedure
- Species, sex, and age of the patient
- The anesthetic and analgesic regimens (drug name, purpose, dosage, administration site/route)
- Animal preparation (fasting, areas clipped, fluids administered, surgical site prep, etc.)
- Measures to assure asepsis (surgeon prep regimen, instrument/supply sterilization methods, draping practice and materials, etc.)
- Detailed description of surgical technique (include descriptions of tissues involved, types of dissection, measures to ensure asepsis and proper tissue handling, equipment and supplies used, closure methods/patterns/materials, etc.)
- Intra-operative monitoring procedures (parameters, equipment used, drug interventions, etc.)
- Post-operative monitoring procedures (schedule, personnel responsible, etc.)
- Methods of pain assessment (signs of pain and distress observed for, schedule, duration of monitoring, etc.)
- Follow up treatment

Upload completed form and supporting materials on the Surgical Research website (or directly at <https://www3.mydocsonline.com/cupload.aspx?id=ASRftp>). If submitting a check, please mail \$200.00 fee (U.S. Dollars) payable to ASR to address below.

Payment Information									
<i>Checks must be in U.S. dollars and drawn on a U.S. bank and made payable to the ASR.</i>									
Please remit to: ASR 15490 – 101 st Ave N, Suite 100 Maple Grove, MN 55369 Phone: 763.235.6464 Fax: 763.235.6461	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Check</td> <td style="border: none;">Credit Card Type: <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover</td> </tr> <tr> <td style="border: none;">Card Number</td> <td style="border: none;">Expiration Date</td> </tr> <tr> <td style="border: none;">Cardholder Billing Address</td> <td style="border: none;">Card Code</td> </tr> <tr> <td colspan="2" style="border: none;">City, State, Zip</td> </tr> </table>	<input type="checkbox"/> Check	Credit Card Type: <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover	Card Number	Expiration Date	Cardholder Billing Address	Card Code	City, State, Zip	
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