



ACADEMY OF SURGICAL RESEARCH

Application for Surgical Research Specialist (SRS) 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 | |
| Certification of Surgical Competence | |
| To be completed by a person with a doctoral degree in medicine, dentistry, or veterinary medicine 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"/> 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) major survival aseptic surgical cases involving at least two (2) different species, performed by the applicant. One of these species must be other than a rat or a mouse. A case log containing only rats and mice may be accepted but must include twenty-four (24) cases of acceptable complexity. A minimum of two (2) different surgical procedures must be included in the case log. 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 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 an SRS certified technician.

Acceptable surgical cases for the Surgical Research Specialist certification are defined as follows: cases must involve complex techniques such as entry into a major body cavity, microsurgical techniques such as vascular anastomosis, significant orthopedic surgery, or involve significant CNS manipulation such as intrathecal indwelling cannulations and nerve anastomosis. Procedures where the applicant acted as a secondary surgeon or sterile assistant may be accepted if the duties were extensive (i.e., instrumenting a cardiopulmonary bypass during a heart transplant procedure) 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. Less complex procedures should be included to demonstrate the applicant's breadth of experience, although they will not count towards the 12 case minimum.

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 | | | | | | | | | |
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| <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-collapse: collapse;"> <tr> <td style="width: 30%;"><input type="checkbox"/> Check</td> <td style="width: 40%;">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-bottom: 1px solid black;">Card Number</td> <td style="border-bottom: 1px solid black;">Expiration Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Cardholder Billing Address</td> <td style="border-bottom: 1px solid black;">Card Code</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">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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