



# 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
<b>Education</b>	
High School	College
Other Certifications/Accreditations (LVT, LATg, etc.):	
<b>Certification of Surgical Competence</b> To be completed by a person with a doctoral degree in medicine, dentistry, or veterinary medicine or ASR certified Surgical Research Specialist/technician 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"/> PhD	
I certify that I have observed _____ perform survival surgery anesthesia in a reliable and reproducible manner.	
Signature	Date
Name	
Title	Degree
Address 1	Email
Address 2	Phone
City, State, Postal Code	

Office Use - Date Application Received:



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Name

*Application due March 31<sup>st</sup>*

### Other Supporting Documentation to be Submitted:

- ☐ Resume/Curriculum Vitae
- ☐ Anesthesia/Surgical Training
- ☐ One (1) Surgical Case Log
- ☐ Two (2) Narrative Case Descriptions

**Case Log Summary:** *This information demonstrates that you have met minimum requirements. If you exceed requirements, choose what best demonstrates your experience. Use only cases that meet **all** requirements (primary surgeon &/or basic surgical complexity, aseptic, ≥72 hr survival).*

- ☐ **Case log time span (≥ 1 yr with no case older than 3 yrs prior to application deadline)**
  - Date of first case:
  - Date of last case:
  - Total time span (years/days):
- ☐ **Number of cases (≥12)**
  - # of cases:
- ☐ **Number of procedures**
  - Procedure 1:
  - Procedure 2:


### Case Narrative Requirement Details:

- ☐ **Narrative 1 Case # from log:**
- ☐ **Narrative 2 Case # from log:**

### INSTRUCTIONS:

1. Pay application fee through the [Payment Link](#).
2. Upload application and supporting documentation to the [ASR File Upload Site](#).

*Please title each upload with name, certification, and content. When possible, please combine documents into a single or several organized files.*

**File Title Ex:**  Sally Surgeon SRT Application Packet