



**Certified Surgical Technologist of the Year Award
Nomination Form**

Nominee Name _____

Credential CST CSFA **Other** (Please Specify) _____

Address _____

Email _____

Contact Number _____

Employer _____ **Length of Employment** _____

AST Member Number _____ **Certification Number** _____

List of Professional Affiliations/Organizations _____

Please describe how the candidate has demonstrated the criteria outlined in the nomination guide lines:

Attitude

Team Work

Performance Expectations

Dedication to the Profession

Nominated by _____

Address _____

Email _____

Contact Number _____

Completed Nomination forms must be submitted by **August 31**

Submit to:

PO Box 1925

Lexington, SC 29071

scsa.secretary@gmail.com