

**SURGICAL TECHNOLOGIST  
CREDENTIALING REVIEW APPLICATION**



**SUBMITTED BY: THE NEBRASKA STATE ASSEMBLY OF THE ASSOCIATION OF  
SURGICAL TECHNOLOGISTS**

**October 26, 2015**

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## INTRODUCTION

The Nebraska State Assembly of the Association of Surgical Technologists (NESA) submits an application to the Credentialing Review (407) Program seeking regulation of surgical technologists in the State of Nebraska through licensure that requires a current surgical technologist certification.

This proposal seeks to license surgical technologist practitioners in the State of Nebraska. Though the surgical technologist profession has certification and educational standards that have been established, these standards are not required as a condition of employment in Nebraska. The establishment of regulation of surgical technology protects the public by mitigating the degree of risk associated with unregulated practice.

The practice of the surgical technologist is currently delegated by the registered nurse under the Nurse Practice Act. There are several reasons why delegation of the tasks and functions of a surgical technologists by the registered nurse is not the optimal means to ensure public safety. Under this act, the nurse is not able to delegate “complex/complicated” tasks to unlicensed personnel which several of the tasks and functions performed by a surgical technologist could be considered. Also, when the surgeon is present in the operating room, their delegation supersedes that of the registered nurse in directing the practice of the surgical technologist. However, according to the 1898 ruling in the case Howard Paul vs. State of Nebraska, licensed physicians (surgeons) are not allowed to delegate to unlicensed personnel. Currently the practice of surgeons delegating to surgical technologists is in violation of this ruling. To further ensure competency of surgical technologist practitioners under this proposal, only individuals who have passed the national surgical technologist certifying exam would be eligible for licensure.

To provide for grandfathering, anyone currently working as a surgical technologist will have one year to obtain a license. Proof of current employment as a surgical technologist will be required when submitting an application to obtain licensure. After this one year period, only individuals who have passed the national surgical technologist certifying exam will be allowed to become newly- licensed and work as a surgical technologist in Nebraska. Licensure is the best means of protecting the public and ensuring the minimum qualifications of a surgical technologist.

## CONTACTS

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## DESCRIPTION OF THE APPLICANT GROUP AND ITS PROPOSAL

### 1. Provide the following information for the applicant group(s):

- a. **Name, address, telephone number, e-mail address, and website of the applicant group in Nebraska, and any national parent organization;**

**Applicant**

**Casey Glassburner, CST, BS, FAST**

President

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- b. **Composition of the group and approximate number of members in Nebraska; and**

The applicant group consists of an individual applicant, Casey Glassburner, CST, on behalf of the Nebraska State Assembly of the Association of Surgical Technologists; a state association representing surgical technologists in Nebraska, and the Association of Surgical Technologists (AST), representing the occupation addressed in the application nationally. AST represents approximately 350 Certified Surgical Technologist members in the State of Nebraska. (Additional surgical technologists work in the State of Nebraska who are not AST members.)

- c. **Relationship of the group to the occupation dealt with in the application.**

The Nebraska State Assembly of the Association of Surgical Technologists and AST represent the interests of the members of the occupation of surgical technology and provide continuing education opportunities for surgical technologists to maintain certification requirements.

### 2. Identify by title, address, and telephone number, e-mail address, and website of any other groups, associations, or organizations in Nebraska whose membership consists of any of the following:

- a. **Members of the same occupation or profession as that of the applicant group;**

None identified.

**b. Members of the occupation dealt with in the application:**

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**c. Employers of the occupation dealt with in the application;**

Employers constitute, but are not limited to, hospitals, ambulatory surgery centers, endoscopy centers, provider clinics, healthcare practitioner facilities, private physician offices in varying specialties (such as dentistry, optometry, dermatology, and orthopaedics), clinics, surgical equipment manufacturers, and educational facilities with surgical technology programs.

The predominant practice situation for the majority of the surgical technologists in Nebraska is in the operating room/surgical suite of a hospital or surgery center functioning as an integral member of the surgical team.

**Nebraska Hospital Association**

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**d. Practitioners of the occupations similar to or working closely with members of the occupation dealt with in the application;**

Practitioners of occupations similar to or working closely with members of the occupations addressed in this application are surgeons, physician assistants, registered nurse first assistants, perioperative registered nurses, nurse practitioners, anesthesiologists, certified registered nurse anesthetists, perfusionists, and certified surgical first assistants.

**Nebraska Medical Association (NMA)**

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**e. Educators or trainers of prospective members of the occupation dealt with in the application;**

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**f. Citizens familiar with or utilizing the services of the occupation dealt with in the application (e.g. advocacy groups, patient rights groups, volunteer agencies for particular diseases or conditions, etc.); and**

Citizens familiar with or utilizing services of the occupation addressed in this application include patients, healthcare administrators, certified registered nurse anesthetists (CRNA), licensed independent practitioners, and registered nurses (RN).

**AARP Nebraska**

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**g. Other groups that would have an interest in this application.**

None identified.

- 3. If the profession is currently credentialed in Nebraska, provide the current scope of practice of this occupation as set forth in state statutes. If a change in this scope of practice is being requested, identify that change. This description of the desired scope of practice constitutes the proposal. The application comprises the documentation and other materials that are provided in support of the proposal.**

This profession is not currently credentialed in the State of Nebraska.

**4. If the profession is not currently credentialed in Nebraska, describe the proposed credential and the proposed scope of practice, and/or the proposed functions and procedures of the group to be reviewed. This description of the desired scope of practice and the proposed credential constitute the core of the proposal. Also, please describe how the proposal would be administered. The application comprises the documentation and other materials that are provided in support of the proposal.**

This proposal seeks to license surgical technologists. The surgical technologist profession has its own specific certification and educational standards. Under this proposal, the State of Nebraska would adopt the examination from the National Board of Surgical Technology and Surgical Assisting (NBSTSA) as the official exam for licensing the members of the ST profession in Nebraska. Only those surgical technologists who have passed this national surgical technologist certifying exam are eligible for licensure. According to the American College of Surgeons, "surgical technologists are individuals with specialized education who function as members of the surgical team in the role of scrub person." This statement summarizes the proposed surgical technologist scope of practice.

The surgical technologist works under the supervision of the licensed independent practitioner (surgeon) and the nurse, as an integral member of the operating room team.

The proposed scope of practice for a surgical technologist shall include:

1. Maintains highest standard of sterile technique
2. Obtains and opens supplies, instruments, and equipment needed for surgical procedure,
3. Scrubs, gowns and gloves,
4. Sets up sterile table with instruments, supplies, equipment, and medications/solutions needed for procedure,
5. Transfers but does not administer medications according to applicable law,
6. Irrigates with fluid within the sterile field according to applicable law,
7. Performs appropriate counts with circulating nurse,
8. Gowns and gloves surgeon and assistants,
9. Prepares and drapes the patient for the operative procedure,
10. Passes instruments, supplies and equipment to surgeon and assistants during procedure while anticipating the needs of the surgical team,
11. Prepares and cuts suture material,
12. Provides visualization of the operative site through holding retractors, manipulating endoscopes, sponging and suctioning,
13. Applies electrocautery to clamps placed by a licensed independent practitioner on bleeders,
14. Applies skin staples and skin adhesive under the direction of a licensed health care professional who approximates wound edges,
15. Prepares and applies sterile dressings,
16. Connects drains to evacuator/reservoir,
17. Cleans and prepares instruments for terminal sterilization,
18. Assists other members of team with terminal cleaning of room,
19. Assists in prepping room for the next procedure,
20. Positions and transfers the surgical patient,
21. Utilizes appropriate technique in the care of specimens,
22. Assists anesthesia personnel as needed,
23. Applies electrosurgical grounding pads, tourniquets, and monitoring devices before procedure begins,
24. Performs urinary catheterization when necessary,
25. Prepares patient's skin by applying appropriate skin preparation solution and shaving as needed

The Nebraska Board of Medicine and Surgery would establish, by regulation, continuing competency requirements for surgical technologists to renew licensure.

**5. Describe in detail the functions typically performed by practitioners of this occupation, and identify what if any specific statutory limitations have been placed on these functions. If possible, explain why the Legislature created these restrictions.**

Prior to surgery, surgical technologists prepare the operating room and surgical equipment. Skillful pre-surgery technique protects patients from life-threatening surgical site infections, malfunctioning equipment and unneeded delays during the procedure. During procedures, surgical technologists stand next to the surgeon and the patient, preparing and managing the equipment and supplies throughout the surgery. The surgical technologist must be able to anticipate the needs of the surgeon because every moment a patient is in surgery the risks related to anesthesia, bleeding, and acquiring a postoperative infection increase. The surgical technologist is trained to handle and minimize exposure to hazardous materials, communicable diseases and bloodborne pathogens. Surgical technologists are responsible for maintaining the sterile field aiming to prevent surgical site infections. Surgical technologists are also responsible for counting objects inserted into the patient. Proper counting prevents occurrences of foreign retained objects.

A surgical technologist helps ensure a safe operating room environment in an effort to maximize patient safety. A surgical technologist is trained in the theory and application of sterile and aseptic techniques, human anatomy, appropriate surgical procedures, and function of surgical instruments to assist in invasive surgical procedures.

The American College of Surgeons strongly supports adequate education and training of all surgical technologists, supports the accreditation of all surgical technology educational programs, and supports examination for certification of all graduates of accredited surgical technology educational programs.

*The following description of the surgical technologist has been approved by the American College of Surgeons and the Association of Surgical Technologists:*

**Scrub Surgical Technologist**

The scrub surgical technologist handles the instruments, supplies, and equipment necessary during the surgical procedure. He/she has an understanding of the procedure being performed and anticipates the needs of the surgeon. He/she has the necessary knowledge and ability to ensure quality patient care during the operative procedure and is constantly on vigil for maintenance of the sterile field. Duties are as follows:

1. Checks supplies and equipment needed for surgical procedure
2. Scrubs, gowns and gloves
3. Sets up sterile table with instruments, supplies, equipment, and medications/solutions needed for procedure
4. Performs appropriate counts with circulator prior to the operation and before incision is closed
5. Gowns and gloves surgeon and assistants
6. Helps in draping sterile field
7. Passes instruments, etc., to surgeon during procedure
8. Maintains highest standard of sterile technique during procedure
9. Prepares sterile dressings
10. Cleans and prepares instruments for terminal sterilization
11. Assists other members of team with terminal cleaning of room
12. Assists in prepping room for the next patient

## **Circulating Surgical Technologist**

The surgical technologist assisting in circulating obtains additional instruments, supplies, and equipment necessary while the surgical procedure is in progress. He/she monitors conditions in the operating room and constantly assesses the needs of the patient and surgical team. Duties are as follows:

1. Obtains appropriate sterile and unsterile items needed for procedure
2. Opens sterile supplies
3. Checks patient's chart, identifies patient, verifies surgery to be performed with consent forms, and brings patient to assigned operating room
4. Transfers patient to operating room table
5. Assesses comfort and safety measures and provides verbal and tactile reassurance to the patient
6. Assists anesthesia personnel
7. Positions patient, using appropriate equipment
8. Applies electrosurgical grounding pads, tourniquets, monitors, etc., before procedure begins
9. Prepares the patient's skin prior to draping by surgical team
10. Performs appropriate counts with scrub person prior to the operation and before incision is closed
11. Anticipates additional supplies needed during the procedure
12. Keeps accurate records throughout the procedure
13. Properly cares for specimens
14. Secures dressings after incision closure
15. Helps transport patient to recovery room
16. Assists in cleaning of room and preparing for next patient
17. Performs urinary catheterization when necessary

## **Second Assisting Technologist**

The second assisting surgical technologist assists the surgeon and/or surgical assistant during the operative procedure by carrying out technical tasks other than cutting, clamping, and suturing of tissue. This role is distinct from that of the first assistant and may, in some circumstances, be performed at the same time as the scrub role. Duties include but are not exclusive to the following:

1. Holds retractors or instruments as directed by the surgeon
2. Sponges or suction operative site
3. Applies electrocautery to clamps on bleeders
4. Cuts suture material as directed by the surgeon
5. Connects drains to suction apparatus
6. Applies dressings to closed wound

The Nebraska legislature has not placed any restrictions on the functions of a surgical technologist.

### **6. Identify other occupations that perform some of the same functions or similar functions.**

Medical residents, physician assistants, nurse practitioners, registered nurse first assistants, registered nurses, and certified surgical first assistants perform some of the same functions as a surgical technologist.

**7. What functions are unique to this occupation? What distinguishes this occupation from those identified in question 6?**

The surgical technologist position is generally filled by a surgical technologist. While medical residents, physician assistants, registered nurse first assistants and certified surgical first assistants may have a few overlapping functions, the surgical technologist position is a unique role performed by nearly 100,000 individuals nationwide. The surgical technologist role may, on occasion, be filled by a person with a nursing background. Surgical technologists are specifically trained in sterile technique, surgical instrumentation, and surgical procedure sequence. Their main focus in the operating room is the prevention of a surgical site infection for the patient as well as expediting the procedure through thorough case preparation and anticipation of the needs of the operating room team during the procedure.

**8. Identify other occupations whose members regularly supervise members of this occupation, as well as other occupations whose members are regularly supervised by this occupation. Describe the nature of the supervision that occurs in each of these practice situations.**

Licensed physicians (surgeons) and registered nurses supervise surgical technologists while in the operating room suite. According to the 1898 ruling in the case Howard Paul vs. State of Nebraska, licensed physicians (surgeons) are not allowed to delegate to unlicensed personnel. However, this occurs on a daily basis in operating rooms across the state of Nebraska related to the practice of the surgical technologist. The practice of the surgical technologist is delegated by the registered nurse under the Nurse Practice Act. Under this act, the nurse is the only recognized health care professional that delegates to unlicensed personnel (which the surgical technologist is currently considered).

Due to the inconsistency between current practice and the law of delegation by the surgeon and the increasing complexity of surgical care provided by the surgical technologist, there is a need to establish a license for surgical technologists. When the surgeon is present in the operating room they supervise and delegate the practice of the surgical technologist. When the surgeon is absent from the OR suite, the registered nurse supervises and delegates the practice of the surgical technologist. Even though Nebraska law has been interpreted to only allow nurses, and not physicians, to delegate to surgical technologists. In practice, surgeons directly delegate to surgical technologists in every operating room in the state right now. It is erroneous to assume the registered nurse delegates to the surgical technologist in the operating room at all times. Physician delegation to surgical technologists is recognized in every state and district outside of Nebraska. Establishment of a license for surgical technologists would allow practice in the operating room to proceed as it is currently being performed in the state of Nebraska and in every other state without the potential for the practice of surgical technology to be seen as unlawful.

Surgical technologists do not regularly supervise members of other occupations.

**9. What actions, judgments, and procedures of this occupation can typically be carried out without supervision or orders? To what extent is this occupation, or portions of its practice, autonomous?**

No judgments and procedures of this occupation can typically be carried out without supervision or orders. This occupation requires the supervision of a licensed independent practitioner. Most of a surgical technologist's work is performed in the operating room in collaboration with the surgical team.

**10. Approximately how many people are performing the functions of this occupation in Nebraska, or are presenting themselves as members of this occupation? To what extent are these people credentialed in Nebraska?**

Nebraska does not currently have a registry of these occupations and association membership is not mandatory. Therefore, the estimated number of individuals performing these occupations in Nebraska is inexact. The Bureau of Labor Statistics tracks surgical technologists. According to the Bureau of Labor Statistics, approximately 800 surgical technologists currently work in Nebraska. There are currently 436 Certified Surgical Technologists who have obtained certification through passage of the national surgical technologist certifying exam administered by the National Board of Surgical Technology and Surgical Assisting. Nationally, there are currently 55,689 Certified Surgical Technologists (CSTs). This number is growing each year, adding 6505 CSTs in 2012, 7029 CSTs in 2013, 6680 CSTs in 2014, and 5066 CSTs to date in 2015. The Certified Surgical Technologist (CST) is a national credential that may be transferred between states.

Surgical technologist practitioners are not currently credentialed in Nebraska.

**11. Describe the general level of education and training possessed by practitioners of this occupation, including any supervised internship or fieldwork required for credentialing. Typically, how is this education and training acquired?**

Currently there are no educational or certification requirements in place for surgical technologists in Nebraska. The majority of surgical technologists working in the state of Nebraska are graduates of accredited surgical technology programs that are associate degree based. Surgical technology programs are accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accrediting Bureau of Health Education Schools (ABHES). Approximately 500 accredited surgical technology programs are active nationwide. Programs are generally 10- to 22- months in length and reward a certificate/diploma or Associate's Degree, respectively. By 2021 all accredited surgical technology programs are required to be associate degree as all diploma programs are being phased out in an attempt to create uniformity among the education of all graduates from accredited surgical technology programs. Program curriculum includes anatomy, physiology, microbiology, medical terminology, surgical asepsis, sterilization techniques, assembling and operating surgical equipment including lasers and robotics, medical ethics, basic and advanced surgical techniques and basic and advanced surgical operative procedures. Accredited programs also include diverse clinical training with a surgical technologist preceptor. Graduates of all accredited surgical technology programs are required to sit for the national surgical technologist certification exam administered by the NBSTSA prior to graduation as a program outcome indicator assessment.

There are two CAAHEP-accredited surgical technology programs in the state of Nebraska. One is located in Omaha at Nebraska Methodist College and the other is located at Southeast Community College in Lincoln which also offers their program online to serve the western part of the state. Both programs are associate degree and include several months of clinical education.

Once a person successfully completes an accredited program, he or she is eligible to take the national surgical technologist certifying exam administered by the National Board of Surgical Technology and Surgical Assisting (NBSTSA). If passed, the person earns the Certified Surgical Technologist (CST) credential.

Maintenance of the credential requires 60 hours of continuing education every four years. If certification is allowed to lapse, the practitioner is required to sit for the national surgical technologist certification exam again.

**12. Identify the work settings typical of this occupation (e.g., hospitals, private physicians' offices, clinics, etc.) and identify the predominant practice situations of practitioners, including typical employers for practitioners not self-employed (e.g., private physician, dentist, optometrist, etc.).**

Surgical technologists are employed by hospitals, surgery centers, endoscopy centers, private physician offices, clinics, surgical equipment manufacturers and educational facilities with surgical technology programs.

The predominant practice situation for the majority of these practitioners is in operating rooms/surgical suites of a hospital or surgery center functioning as an integral member of the surgical team. They may also be employed by a private physician, dentist, optometrist or any other licensed independent practitioner that performs surgical procedures. Surgical technologists practice in a wide variety of surgical specialties including:

- General surgery
- Orthopedic surgery
- Neurosurgery
- Spinal surgery
- Otolaryngology
- Obstetrical surgery
- Oral/Maxillofacial surgery
- Gynecological surgery,
- Craniofacial surgery
- Genitourinary surgery
- Cardiac surgery
- Thoracic surgery
- Vascular surgery
- Trauma surgery
- Plastic surgery
- Ophthalmologic surgery

**13. Do practitioners routinely serve members of the general population? Are services frequently restricted to certain segments of the population (e.g., senior citizens, pregnant women, etc.)? If so, please specify the type of population served.**

Practitioners of the occupation routinely serve members of the general population. Services are not restricted to certain segments of the population.

**14. Identify the typical reasons a person would have for using the services of a practitioner. Are there specific illnesses, conditions or situations that would be likely to require the services of a practitioner? If so, please specify.**

Surgical technologists are utilized in a surgical situation to support the licensed independent practitioner and are present in almost all surgical cases.

**15. Identify typical referral patterns to and from members of this occupational group. What are the most common reasons for referral?**

The occupational group would not be referring patients to others and would not have patients referred upon it.

**16. Is a prescription or order from a practitioner of another health occupation necessary in order for services to be provided?**

Physicians determine whether or not a patient needs surgery.

**17. How is continuing competence of credentialed practitioner evaluated?**

Under the NBSTSA, a certified surgical technologists must earn 60 continuing education credits in a four year renewal cycle to maintain competency under the credential.

Individual employers may also have continuing education requirements in addition to those stipulated by the NBSTSA.

**18. What requirements must the practitioner meet before his or her credentials may be renewed?**

The State of Nebraska will adopt renewal criteria based upon the standards that the National Board of Surgical Technology and Surgical Assisting have established for surgical technologists. These standards are as follows;

- Complete the continuing education credits required during the renewal cycle and pay the renewal fee; or
- Demonstrate competency through reexamination.

It is recommended that along with the continued competency information, each applicant for renewal be required to report any conviction for a misdemeanor or felony since the last renewal. Applicants should be required to report any discipline against any health care professional licensed in this state or any health care professional licensed in any other state since the last renewal period.

**19. Identify other jurisdictions (states, territories, possessions, or the District of Columbia) wherein this occupation is currently regulated by the government, and the scopes of practice typical for this occupation in these jurisdictions.**

**Summary of Surgical Technology and Surgical Assisting Laws  
September 2015**



If a person holds a current Certified Surgical Technologist (CST) credential from the National Board of Surgical Technologist and Surgical Assisting (NBSTSA), he or she may work as a surgical technologist in any state in the nation. The only additional requirements for surgical technologists who hold current CST certification from the NBSTSA are in Colorado, Indiana, New Jersey, New York and Washington State. In Colorado and Washington, all surgical technologists are required to register with the state. An additional exam with the state is not required: it is a simple application in both states. In Indiana, New Jersey and New York, surgical technologists are required to earn 15 credits of continuing

education each year. If credits are AST-approved, the credits may be applied toward national NBSTSA certification renewal requirements.

States with surgical assistant and/or surgical technologist certification, registration and licensure requirements are listed below.

**California-** Prohibitions on certain surgical assistant tasks unless a person is appropriately licensed.

**Colorado-** Surgical technologists and surgical assistants are required to register.

**District of Columbia-** Surgical assistant licensure (required).

**Idaho-** Requires surgical technologists to attend one-year of a CAAHEP-accredited program or hold CST certification from the NSBTSA.

**Illinois-** Allows surgical assistants and surgical technologists to register. Surgical assistants must be certified as surgical assistants (CSFA, CSA or SA-C) to register. Surgical technologists must be certified as CSTs from the NSBTSA to register. Surgical assistant reimbursement parity required by law. Law applies to private health insurance regulated by state law (e.g., does not apply to Medicare or ERISA plans).

**Indiana-** Requires surgical technologists to hold CST certification from the NSBTSA. Indiana requires 15 hours of continuing each year, even for surgical technologists with current CST certification. Requires surgical assistants who harvest saphenous veins to hold CSFA certification from the NSBTSA.

**Kentucky-** Requires surgical assistants to be licensed. Kentucky has a surgical assistant reimbursement parity required by law. Law applies to private health insurance regulated by state law (e.g., does not apply to Medicare or ERISA plans).

**Massachusetts-** Requires surgical technologists be graduates of accredited educational programs and hold current CST certification from the NSBTSA.

**Nebraska-** Restricts suturing to certain licensed health care professionals.

**New Jersey-** Requires surgical technologists be graduates of accredited programs or hold CST certification or other nationally-recognized certification. Requires 15 hours of continuing education each year, including surgical technologists with current CST certification. Prohibitions on certain surgical assistant tasks unless a person is appropriately licensed.

**New York-** Requires surgical technologists be graduates of nationally-accredited programs and hold nationally-accredited surgical technologist certification. Requires 15 hours of continuing education each year, including surgical technologists with current CST certification. Prohibitions on certain surgical assistant tasks unless a person is appropriately licensed.

**Oregon-** As of July 1, 2016, requires newly-practicing surgical technologists to graduate from an accredited program and hold surgical technologist certification. The Oregon Health Authority will determine program accreditation standards and acceptable certifications. Continuing education required for surgical technologists without current certification, such as grandfathered individuals who are not certified.

**South Carolina-** Requires surgical technologists be graduates of accredited programs and hold CST certification from the NBSTSA. Continuing education required for surgical technologists without current CST certification, such as grandfathered individuals who are not certified.

**Tennessee-** Requires surgical technologists be graduates of CAAHEP-accredited programs or hold CST certification from the NBSTSA. Continuing education required for surgical technologists without current CST certification, such as grandfathered individuals who are not certified.

**Texas-** Requires surgical technologists be graduates of accredited programs and hold CST certification. Other certifications are recognized: employers required to ensure surgical technologists are certified *and* graduates of CAAHEP- or ABHES- accredited programs. Surgical assistant licensure is in place. Surgical assistant reimbursement parity requirements in law. Law applies to private health insurance regulated by state law (e.g., does not apply to Medicare or ERISA plans).

**Virginia-** Provides for surgical assistant and surgical technologist registration. Surgical assistants must be certified as surgical assistants (CSFA or CSA) to register with the Board of Medicine. Surgical technologists must be certified as CSTs from the NBSTSA to register with the Board of Medicine. Registration grandfathered individuals who registered by July 1, 2015.

**Washington-** Requires surgical technologists to register. Prohibitions on certain surgical assistant tasks unless a person is appropriately licensed.

For additional information visit the AST Map of State Laws in the Public Policy section of [www.ast.org](http://www.ast.org).

A majority of facilities nationwide require graduation from a CAAHEP- or ABHES- accredited surgical technology and Certified Surgical Technologist (CST) certification from the National Board of Surgical Technology and Surgical Assisting (NBSTSA) to meet accreditation standards, minimize malpractice risk, meet medical liability insurance requirements and meet the commonly-accepted standard of care.

Please note: The Association of Surgical Technologists provides this information on an educational basis and does not offer legal advice. AST recommends that individuals or health care facilities consult with their attorneys for answers to legal questions.

The following chart corresponds to question #19 in the Nebraska Surgical Technologist Credentialing Review Application, identifying the scopes of practice typical for surgical technologists in each jurisdiction. The surgical technologist works under the supervision the licensed independent practitioner (surgeon) and the registered nurse as an integral member of the operating room team. The tasks included in the proposed Nebraska scope of practice for surgical technologists are listed across the table.

	Maintains highest standard of sterile technique	Obtains and opens supplies, instruments, and equipment needed for surgical procedure	Scrubs, gowns and gloves	Sets up sterile table with instruments, supplies, equipment, and medications/solutions	Transfers medications
Alabama	Yes	Yes	Yes	Yes	Yes
Alaska	Yes	Yes	Yes	Yes	Yes
Arizona	Yes	Yes	Yes	Yes	Yes
Arkansas	Yes	Yes	Yes	Yes	Yes
California	Yes	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes	Yes	Yes
Connecticut	Yes	Yes	Yes	Yes	Yes
Delaware	Yes	Yes	Yes	Yes	Yes
District of Columbia	Yes	Yes	Yes	Yes	Yes
Florida	Yes	Yes	Yes	Yes	Yes
Georgia	Yes	Yes	Yes	Yes	Yes
Hawaii	Yes	Yes	Yes	Yes	Yes
Idaho	Yes	Yes	Yes	Yes	Yes
Illinois	Yes	Yes	Yes	Yes	Yes
Indiana	Yes	Yes	Yes	Yes	Yes
Iowa	Yes	Yes	Yes	Yes	Yes
Kansas	Yes	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes	Yes
Louisiana	Yes	Yes	Yes	Yes	Yes
Maine	Yes	Yes	Yes	Yes	Yes
Maryland	Yes	Yes	Yes	Yes	Yes
Massachusetts	Yes	Yes	Yes	Yes	Yes
Michigan	Yes	Yes	Yes	Yes	Yes
Minnesota	Yes	Yes	Yes	Yes	Yes
Mississippi	Yes	Yes	Yes	Yes	Yes
Missouri	Yes	Yes	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes	Yes
Nevada	Yes	Yes	Yes	Yes	Yes
New Hampshire	Yes	Yes	Yes	Yes	Yes
New Jersey	Yes	Yes	Yes	Yes	Yes
New Mexico	Yes	Yes	Yes	Yes	Yes
New York	Yes	Yes	Yes	Yes	Yes
North Carolina	Yes	Yes	Yes	Yes	Yes
North Dakota	Yes	Yes	Yes	Yes	Yes
Ohio	Yes	Yes	Yes	Yes	Yes
Oklahoma	Yes	Yes	Yes	Yes	Yes
Oregon	Yes	Yes	Yes	Yes	Yes
Pennsylvania	Yes	Yes	Yes	Yes	Yes
Rhode Island	Yes	Yes	Yes	Yes	Yes
South Carolina	Yes	Yes	Yes	Yes	Yes
South Dakota	Yes	Yes	Yes	Yes	Yes
Tennessee	Yes	Yes	Yes	Yes	Yes
Texas	Yes	Yes	Yes	Yes	Yes
Utah	Yes	Yes	Yes	Yes	Yes
Vermont	Yes	Yes	Yes	Yes	Yes
Virginia	Yes	Yes	Yes	Yes	Yes
Washington	Yes	Yes	Yes	Yes	Yes
West Virginia	Yes	Yes	Yes	Yes	Yes
Wisconsin	Yes	Yes	Yes	Yes	Yes
Wyoming	Yes	Yes	Yes	Yes	Yes

	Irrigates with fluid within the sterile field	Performs appropriate counts with circulating nurse	Gowns and gloves surgeon and assistants	Prepares and drapes the patient for the operative procedure	Passes instruments, supplies and equipment to surgeon and assistants during procedure	Prepares and cuts suture material
Alabama	Yes	Yes	Yes	Yes	Yes	Yes
Alaska	Yes	Yes	Yes	Yes	Yes	Yes
Arizona	Yes	Yes	Yes	Yes	Yes	Yes
Arkansas	Yes	Yes	Yes	Yes	Yes	Yes
California	Yes	Yes	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes	Yes	Yes	Yes
Connecticut	Yes	Yes	Yes	Yes	Yes	Yes
Delaware	Yes	Yes	Yes	Yes	Yes	Yes
District of Columbia	Yes	Yes	Yes	Yes	Yes	Yes
Florida	Yes	Yes	Yes	Yes	Yes	Yes
Georgia	Yes	Yes	Yes	Yes	Yes	Yes
Hawaii	Yes	Yes	Yes	Yes	Yes	Yes
Idaho	Yes	Yes	Yes	Yes	Yes	Yes
Illinois	Yes	Yes	Yes	Yes	Yes	Yes
Indiana	Yes	Yes	Yes	Yes	Yes	Yes
Iowa	Yes	Yes	Yes	Yes	Yes	Yes
Kansas	Yes	Yes	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes	Yes	Yes
Louisiana	Yes	Yes	Yes	Yes	Yes	Yes
Maine	Yes	Yes	Yes	Yes	Yes	Yes
Maryland	Yes	Yes	Yes	Yes	Yes	Yes
Massachusetts	Yes	Yes	Yes	Yes	Yes	Yes
Michigan	Yes	Yes	Yes	Yes	Yes	Yes
Minnesota	Yes	Yes	Yes	Yes	Yes	Yes
Mississippi	Yes	Yes	Yes	Yes	Yes	Yes
Missouri	Yes	Yes	Yes	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes	Yes	Yes
Nevada	Yes	Yes	Yes	Yes	Yes	Yes
New Hampshire	Yes	Yes	Yes	Yes	Yes	Yes
New Jersey	Yes	Yes	Yes	Yes	Yes	Yes
New Mexico	Yes	Yes	Yes	Yes	Yes	Yes
New York	Yes	Yes	Yes	Yes	Yes	Yes
North Carolina	Yes	Yes	Yes	Yes	Yes	Yes
North Dakota	Yes	Yes	Yes	Yes	Yes	Yes
Ohio	Yes	Yes	Yes	Yes	Yes	Yes
Oklahoma	Yes	Yes	Yes	Yes	Yes	Yes
Oregon	Yes	Yes	Yes	Yes	Yes	Yes
Pennsylvania	Yes	Yes	Yes	Yes	Yes	Yes
Rhode Island	Yes	Yes	Yes	Yes	Yes	Yes
South Carolina	Yes	Yes	Yes	Yes	Yes	Yes
South Dakota	Yes	Yes	Yes	Yes	Yes	Yes
Tennessee	Yes	Yes	Yes	Yes	Yes	Yes
Texas	Yes	Yes	Yes	Yes	Yes	Yes
Utah	Yes	Yes	Yes	Yes	Yes	Yes
Vermont	Yes	Yes	Yes	Yes	Yes	Yes
Virginia	Yes	Yes	Yes	Yes	Yes	Yes
Washington	Yes	Yes	Yes	Yes	Yes	Yes
West Virginia	Yes	Yes	Yes	Yes	Yes	Yes
Wisconsin	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming	Yes	Yes	Yes	Yes	Yes	Yes

	Provides visualization of the operative site through holding retractors, manipulating endoscopes, sponging and suctioning	Applies electrocautery to clamps placed by a licensed independent practitioner on bleeders	Applies skin staples and skin adhesive under the direction of a licensed health care professional who approximates wound edges	Prepares and applies sterile dressings	Connects drains to evacuator/reservoir
Alabama	Yes	Yes	Yes	Yes	Yes
Alaska	Yes	Yes	Yes	Yes	Yes
Arizona	Yes	Yes	Yes	Yes	Yes
Arkansas	Yes	Yes	Yes	Yes	Yes
California	Yes	Yes	In CA, STs may not "suture."	Yes	Yes
Colorado	Yes	Yes	Yes	Yes	Yes
Connecticut	Yes	Yes	Yes	Yes	Yes
Delaware	Yes	Yes	Yes	Yes	Yes
District of Columbia	Yes	Yes	Yes	Yes	Yes
Florida	Yes	Yes	Yes	Yes	Yes
Georgia	Yes	Yes	Yes	Yes	Yes
Hawaii	Yes	Yes	Yes	Yes	Yes
Idaho	Yes	Yes	Yes	Yes	Yes
Illinois	Yes	Yes	Yes	Yes	Yes
Indiana	Yes	Yes	Yes	Yes	Yes
Iowa	Yes	Yes	Yes	Yes	Yes
Kansas	Yes	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes	Yes
Louisiana	Yes	Yes	Yes	Yes	Yes
Maine	Yes	Yes	Yes	Yes	Yes
Maryland	Yes	Yes	Yes	Yes	Yes
Massachusetts	Yes	Yes	Yes	Yes	Yes
Michigan	Yes	Yes	Yes	Yes	Yes
Minnesota	Yes	Yes	Yes	Yes	Yes
Mississippi	Yes	Yes	Yes	Yes	Yes
Missouri	Yes	Yes	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes	Yes
Nevada	Yes	Yes	Yes	Yes	Yes
New Hampshire	Yes	Yes	Yes	Yes	Yes
New Jersey	Yes	Yes	Yes	Yes	Yes
New Mexico	Yes	Yes	Yes	Yes	Yes
New York	Yes	No	No	No	Yes
North Carolina	Yes	Yes	Yes	Yes	Yes
North Dakota	Yes	Yes	Yes	Yes	Yes
Ohio	Yes	Yes	Yes	Yes	Yes
Oklahoma	Yes	Yes	Yes	Yes	Yes
Oregon	Yes	Yes	Yes	Yes	Yes
Pennsylvania	Yes	Yes	Yes	Yes	Yes
Rhode Island	Yes	Yes	Yes	Yes	Yes
South Carolina	Yes	Yes	Yes	Yes	Yes
South Dakota	Yes	Yes	Yes	Yes	Yes
Tennessee	Yes	Yes	Yes	Yes	Yes
Texas	Yes	Yes	Yes	Yes	Yes
Utah	Yes	Yes	Yes	Yes	Yes
Vermont	Yes	Yes	Yes	Yes	Yes
Virginia	Yes	Yes	Yes	Yes	Yes
Washington	Yes	Yes	Yes	Yes	Yes
West Virginia	Yes	Yes	Yes	Yes	Yes
Wisconsin	Yes	Yes	Yes	Yes	Yes
Wyoming	Yes	Yes	Yes	Yes	Yes

	Cleans and prepares instruments for terminal sterilization	Assists other members of team with terminal cleaning of room	Assists in prepping room for the next procedure	Positions and transfers the surgical patient	Utilizes appropriate technique in the care of specimens	Assists anesthesia personnel as needed
Alabama	Yes	Yes	Yes	Yes	Yes	Yes*
Alaska	Yes	Yes	Yes	Yes	Yes	Yes*
Arizona	Yes	Yes	Yes	Yes	Yes	Yes*
Arkansas	Yes	Yes	Yes	Yes	Yes	Yes*
California	Yes	Yes	Yes	Yes	Yes	Yes*
Colorado	Yes	Yes	Yes	Yes	Yes	Yes*
Connecticut	Yes	Yes	Yes	Yes	Yes	Yes*
Delaware	Yes	Yes	Yes	Yes	Yes	Yes*
District of Columbia	Yes	Yes	Yes	Yes	Yes	Yes*
Florida	Yes	Yes	Yes	Yes	Yes	Yes*
Georgia	Yes	Yes	Yes	Yes	Yes	Yes*
Hawaii	Yes	Yes	Yes	Yes	Yes	Yes*
Idaho	Yes	Yes	Yes	Yes	Yes	Yes*
Illinois	Yes	Yes	Yes	Yes	Yes	Yes*
Indiana	Yes	Yes	Yes	Yes	Yes	Yes*
Iowa	Yes	Yes	Yes	Yes	Yes	Yes*
Kansas	Yes	Yes	Yes	Yes	Yes	Yes*
Kentucky	Yes	Yes	Yes	Yes	Yes	Yes*
Louisiana	Yes	Yes	Yes	Yes	Yes	Yes*
Maine	Yes	Yes	Yes	Yes	Yes	Yes*
Maryland	Yes	Yes	Yes	Yes	Yes	Yes*
Massachusetts	Yes	Yes	Yes	Yes	Yes	Yes*
Michigan	Yes	Yes	Yes	Yes	Yes	Yes*
Minnesota	Yes	Yes	Yes	Yes	Yes	Yes*
Mississippi	Yes	Yes	Yes	Yes	Yes	Yes*
Missouri	Yes	Yes	Yes	Yes	Yes	Yes*
Montana	Yes	Yes	Yes	Yes	Yes	Yes*
Nevada	Yes	Yes	Yes	Yes	Yes	Yes*
New Hampshire	Yes	Yes	Yes	Yes	Yes	Yes*
New Jersey	Yes	Yes	Yes	Yes	Yes	Yes*
New Mexico	Yes	Yes	Yes	Yes	Yes	Yes*
New York	Yes	Yes	Yes	Yes	Yes	Yes*
North Carolina	Yes	Yes	Yes	Yes	Yes	Yes*
North Dakota	Yes	Yes	Yes	Yes	Yes	Yes*
Ohio	Yes	Yes	Yes	Yes	Yes	Yes*
Oklahoma	Yes	Yes	Yes	Yes	Yes	Yes*
Oregon	Yes	Yes	Yes	Yes	Yes	Yes*
Pennsylvania	Yes	Yes	Yes	Yes	Yes	Yes*
Rhode Island	Yes	Yes	Yes	Yes	Yes	Yes*
South Carolina	Yes	Yes	Yes	Yes	Yes	Yes*
South Dakota	Yes	Yes	Yes	Yes	Yes	Yes*
Tennessee	Yes	Yes	Yes	Yes	Yes	Yes*
Texas	Yes	Yes	Yes	Yes	Yes	Yes*
Utah	Yes	Yes	Yes	Yes	Yes	Yes*
Vermont	Yes	Yes	Yes	Yes	Yes	Yes*
Virginia	Yes	Yes	Yes	Yes	Yes	Yes*
Washington	Yes	Yes	Yes	Yes	Yes	Yes*
West Virginia	Yes	Yes	Yes	Yes	Yes	Yes*
Wisconsin	Yes	Yes	Yes	Yes	Yes	Yes*
Wyoming	Yes	Yes	Yes	Yes	Yes	Yes*
			*In accordance with state law regulating anesthesiologists, Certified Registered Nurse Anesthetists and, where applicable, Anesthesiologist Assistants.			
			**Surgical technologists work under the delegatory authority of the physician.			

	Applies electrosurgical grounding pads, tourniquets, and monitoring devices before procedure begins	Performs urinary catheterization when necessary	Prepares patient's skin by applying appropriate skin preparation solution and shaving as needed
Alabama	Yes	Data not available.**	Yes
Alaska	Yes	Data not available.**	Yes
Arizona	Yes	Data not available.**	Yes
Arkansas	Yes	Data not available.**	Yes
California	Yes	No	Yes
Colorado	Yes	Data not available.**	Yes
Connecticut	Yes	Data not available.**	Yes
Delaware	Yes	Data not available.**	Yes
District of Columbia	Yes	Data not available.**	Yes
Florida	Yes	Data not available.**	Yes
Georgia	Yes	Data not available.**	Yes
Hawaii	Yes	Data not available.**	Yes
Idaho	Yes	Data not available.**	Yes
Illinois	Yes	Data not available.**	Yes
Indiana	Yes	Data not available.**	Yes
Iowa	Yes	Data not available.**	Yes
Kansas	Yes	Data not available.**	Yes
Kentucky	Yes	Data not available.**	Yes
Louisiana	Yes	Data not available.**	Yes
Maine	Yes	Data not available.**	Yes
Maryland	Yes	Data not available.**	Yes
Massachusetts	Yes	Data not available.**	Yes
Michigan	Yes	Data not available.**	Yes
Minnesota	Yes	Data not available.**	Yes
Mississippi	Yes	Data not available.**	Yes
Missouri	Yes	Data not available.**	Yes
Montana	Yes	Data not available.**	Yes
Nevada	Yes	Data not available.**	Yes
New Hampshire	Yes	Data not available.**	Yes
New Jersey	Yes	Data not available.**	Yes
New Mexico	Yes	Data not available.**	Yes
New York	Yes	Data not available.**	Yes
North Carolina	Yes	Data not available.**	Yes
North Dakota	Yes	Data not available.**	Yes
Ohio	Yes	Data not available.**	Yes
Oklahoma	Yes	Data not available.**	Yes
Oregon	Yes	Data not available.**	Yes
Pennsylvania	Yes	Data not available.**	Yes
Rhode Island	Yes	Data not available.**	Yes
South Carolina	Yes	Data not available.**	Yes
South Dakota	Yes	Data not available.**	Yes
Tennessee	Yes	Data not available.**	Yes
Texas	Yes	Data not available.**	Yes
Utah	Yes	Data not available.**	Yes
Vermont	Yes	Data not available.**	Yes
Virginia	Yes	Data not available.**	Yes
Washington	Yes	Data not available.**	Yes
West Virginia	Yes	Data not available.**	Yes
Wisconsin	Yes	Data not available.**	Yes
Wyoming	Yes	Data not available.**	Yes

**ADDITIONAL QUESTIONS AN APPLICANT GROUP  
MUST ANSWER ABOUT THEIR PROPOSAL**

**1. What is the problem created by not regulating the health professional group under review, or by not changing the scope of practice of the professional group under review?**

Potential for patient harm occurs when surgical technologists are not appropriately educated and trained. Currently in the state of Nebraska, surgical technologists have no education or competency requirements and can be on the job trained. By establishing a license for surgical technologists, a minimum education and competency standard will be set helping to ensure quality patient care for every surgical patient in the state. This license will also provide a pathway for disciplinary action against the practitioner if necessary.

Prior to surgery, surgical technologists are responsible for setting up the operating room and the sterile field. Surgeries can be delayed when a surgical technologist lacks the knowledge and ability to prepare for an emergency surgery for a new patient, or when a new procedure is needed due to a patient emergency, *e.g.*, an emergency hysterectomy during a routine cesarean section. Surgical technologists are also responsible for setting-up and checking equipment. Poorly-assembled or poorly-checked equipment can result in patient harm. Surgical technologists are also responsible for monitoring equipment, such as equipment that can cause surgical fires, a high-risk in operating rooms due to the presence of oxygen and flammable material. The US Food and Drug Administration has launched a surgical fire prevention initiative since too many preventable fires are occurring in U.S. operating rooms, such a trachea fires.

Poor performance by surgical technologists can cause external and internal third-degree burns and many malpractice cases naming surgical technologists involve burns to the legs, thighs, and internal burns from too-hot equipment (hot due to recent sterilization) that the patient cannot feel because he or she is under anesthesia.

Surgical technologists also manage specimens such as cancer specimens, skin grafts and organs for organ replacement surgeries. If cancer specimens are compromised, the patient may not be as readily diagnosed or treated or might require a second surgery. When surgical technologists mishandle skin grafts, patients must have grafts done in a second location, leading to pain and scarring in a second location.

Surgical technologists are often the only other person in the sterile field besides the surgeon. Surgical technologists must also know how to perform many tasks simultaneously using sterile technique. At break-neck speed, they are frequently simultaneously removing items from the sterile field, loading sutures, preparing multiple instruments for the next series of steps in the surgery and monitoring equipment all while using sterile technique for each step. Surgical technologists impact the pace of the surgery, which is important because every minute a patient is under anesthesia the risk for excess bleeding and adverse events increases.

Surgical technologists are also responsible for the counts of supplies and instruments that were inserted into the patient during surgery to ensure they are extracted to prevent foreign retained objects, which can cause death in some cases, and in others, extreme pain and organ scarring, even after they are discovered and removed. The circulating nurse and the surgical technologist are co-responsible for counts.

A surgical technologist's most important role is to prevent surgical site infections. The surgical technologist is the professional in the operating room charged with the responsibility of maintaining the integrity of the sterile field. The sterile field refers to surfaces that sterile objects, such as surgical instruments, may contact. The sterile field includes the area immediately around a patient that has been prepared for a surgical procedure. Protecting the sterile field involves carrying out specific procedures using sterile technique. Surgical technologists must

follow proper technique to prevent surgical site infections. Surgical site infections pose a significant problem and are the second most common health care-associated infection in the United States.

Licensed physicians (surgeons) and registered nurses supervise surgical technologists while in the operating room suite. According to the 1898 ruling in the case *Howard Paul vs. State of Nebraska*, licensed physicians (surgeons) are not allowed to delegate to unlicensed personnel. However, this occurs on a daily basis in operating rooms across the state of Nebraska related to the practice of the surgical technologist. The practice of the surgical technologist is delegated by the registered nurse under the Nurse Practice Act. Under this act, the nurse is the only health care professional that is able to delegate to unlicensed personnel which the surgical technologist is currently considered.

Due to the inconsistency between current practice and the law of delegation by the surgeon, there is a need to establish a license for surgical technologists. When the surgeon is present in the operating room they supervise and delegate the practice of the surgical technologist. When the surgeon is absent from the OR suite, the registered nurse supervises and delegates the practice of the surgical technologist. Establishment of a license for surgical technologists would allow practice in the operating room to proceed as it is currently being performed without the potential for it to be seen as unlawful.

- 2. If the proposal is for the regulation of a health professional group not previously regulated, all feasible methods of regulation, including those methods listed below, and the impact of such methods on the public, must be considered. For each of the following evaluate the feasibility of applying it to the profession and the extent to which the regulatory method would protect the public.**

**Inspection requirements:** Surgical technologists are not currently required to meet any educational or certification requirements under the Medicare Conditions of Participation, JCAHO, the State of Nebraska or any other accreditation body.

**Injunctive relief:** Patients, who are under anesthesia during surgical procedures, do not seek injunctive relief as they do not see the surgical technologist and are generally unaware of the surgical technologist. Licensure of surgical technologists protects Nebraska surgical patients.

**Regulating the business enterprise rather than individual providers:** In other states, surgical technologists have sought to make education and certification a condition of employment, rather than licensure. This model regulates the business rather than the individual providers. However, this approach would not work in Nebraska, since Nebraska authorities believe physicians may not delegate to surgical technologists. Thus, regulation of the individual providers rather than the business enterprise is necessary.

**Regulating or modifying the regulation of those who supervise the providers under review:** Regulating surgical technologists' supervisors would not enhance the minimum education, training and certification requirements for surgical technologists. Educated and certified surgical technologists protect patients. Modifying their supervisors' regulations would not impact a surgical technologist's education and certification.

**Registering the providers under review:** A registry would not solve the issues related to physician delegation, addressed above.

**Certifying the providers under review by the State of Nebraska:** State certification is a voluntary form of title protection only, and does not restrict the practice of individuals. However, this licensure model is based on national certification which assumes robust review and enforcement as well as responsiveness to specific educational, professional and clinical environments.

**Licensing the providers under review:** This application is seeking licensure for surgical technologists. In this application, the surgical technologist has a delimited scope of practice, has strong entry standards, and a provision for assessing continuing competency.

**3. What is the benefit to the public of regulating the health professional group under review or changing the scope of practice of the regulated health profession under review?**

The primary objective of regulating surgical technologists through licensure is to protect public safety by ensuring that only competent and properly educated professionals are permitted to practice in the operating room, and by establishing and enforcing ethical guidelines and technical standards. Regulation will ensure that practitioners have the credentials required by the Board of Medicine. Licensure will allow surgical technologists to perform many tasks that improve care, help the operating room run more smoothly and improve the patient's outcome and experience.

**4. What is the extent to which the proposed regulation or the proposed change in scope of practice might harm the public?**

Regulating surgical technologists through licensure is the best way to protect public safety and ensure that only competent and properly educated professionals are permitted to practice in the operating room, and by establishing and enforcing ethical guidelines and technical standards. Regulation will ensure that practitioners have the credentials required by the Board of Medicine. Failure of the public and private sectors to properly enforce the regulations, guidelines and standards would pose the greatest harm to the public. This requirement will not drive up wages. Similar laws have not increased the trajectory of surgical technologist wages. See attached charts, **Comparison of Surgical Technologist Median Hourly Wages 2000-2012**.

**5. What standards exist or are proposed to ensure that a practitioner of the health professional group under review would maintain competency?**

Currently only certified surgical technologist practitioners are monitored through their respective certifying agency in the manner described in questions #17 and #18. The Board of Medicine in Surgery would establish minimum requirements for the continued competency of the licensed surgical technologist.

**6. What is the current and proposed role and availability of third-party reimbursement for the services provided by the health professional group under review?**

Surgical technologists are generally hired by the hospital and surgical technologists never bill independently for their services.

**7. What is the experience of other jurisdictions in regulating the practitioners affected by the proposal? Identify appropriate statistics on complaints, describing actions taken, etc., by jurisdictions where the profession is regulated.**

Very few states have a disciplinary model for surgical assistants and surgical technologists. In Texas, surgical assistants have had their licenses revoked or been otherwise disciplined for practicing medicine without a license; drug or alcohol intoxication on the job; inappropriate touching of a co-worker; aggravated sexual assault of a child under 14 years of age; and billing fraud.

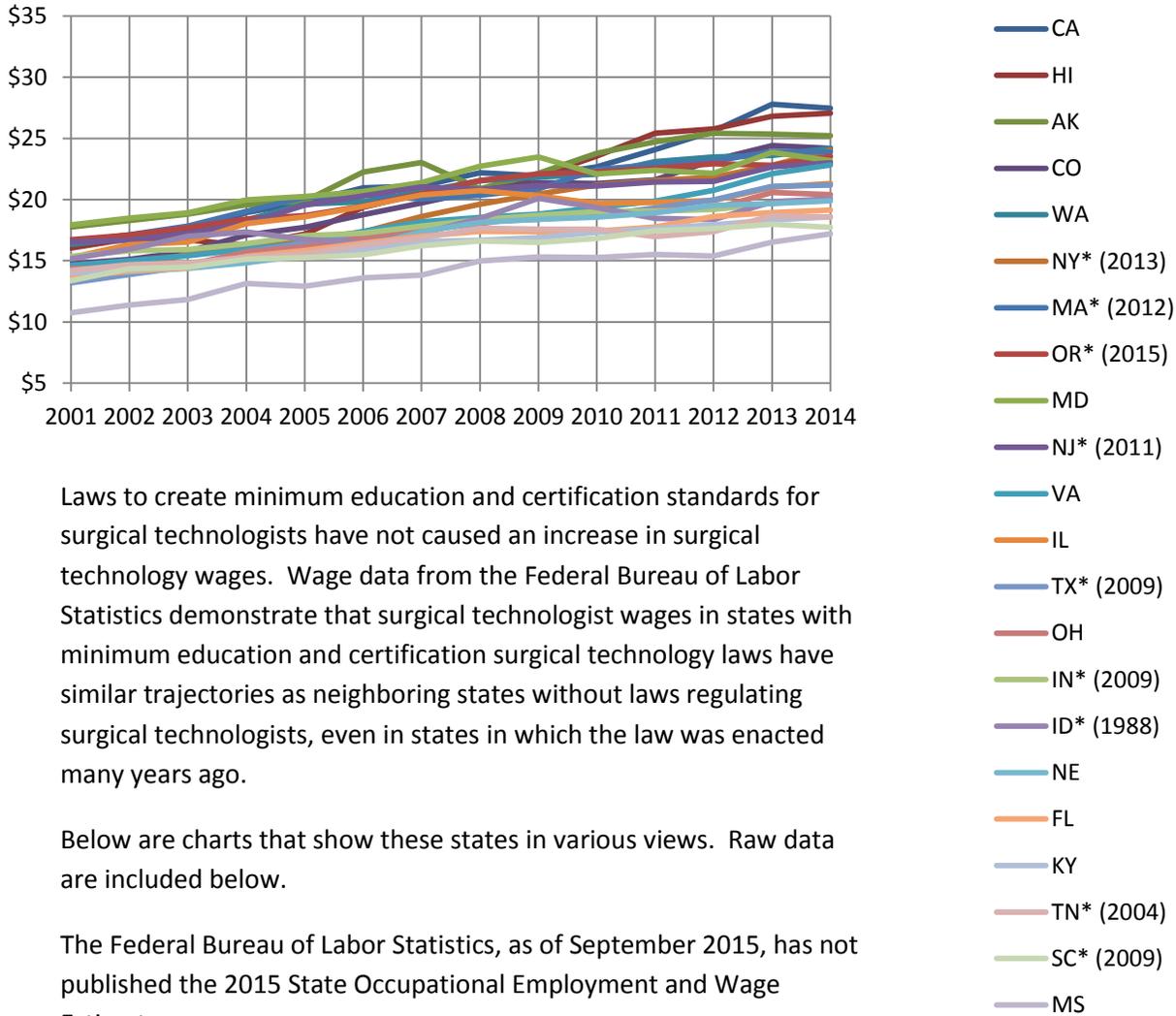
In Colorado, surgical assistant and surgical technologist registration was set-up because a drug-addicted uncertified surgical technologist infected at least 33 patients with Hepatitis C.

The Association of Surgical Assistants and the Association of Surgical Technologists has received no complaints about unintended consequences of increased regulation, though the Association of Surgical Assistants and the Association of Surgical Technologists frequently receives calls asking how complaints can be filed about inappropriate behavior by surgical technologists in order to protect patients. Unfortunately, most states do not have a mechanism for this type of patient protection.

**8. What are the expected costs of regulating the health professional group under review, including the impact of registration, certification, or licensure on the costs of services to the public? What are the expected costs to the state and to the general public of implementing the proposed legislation?**

Neither the state nor the general public will realize any net costs. The state will realize some costs for supplies, postage, administration, enforcement, program development and implementation. However, those costs will be minimal in comparison to the revenues generated from the licensure of surgical technologists. Longitudinal data from the Bureau of Labor Statistics demonstrates that added education and competency requirements in other states have not increased wages. See attached chart.

**Bureau of Labor Statistics Wage Data**  
**Surgical Technologist Average Hourly Wage by Year**  
 Source: [www.bls.gov](http://www.bls.gov), State Occupational Employment and Wage Estimates

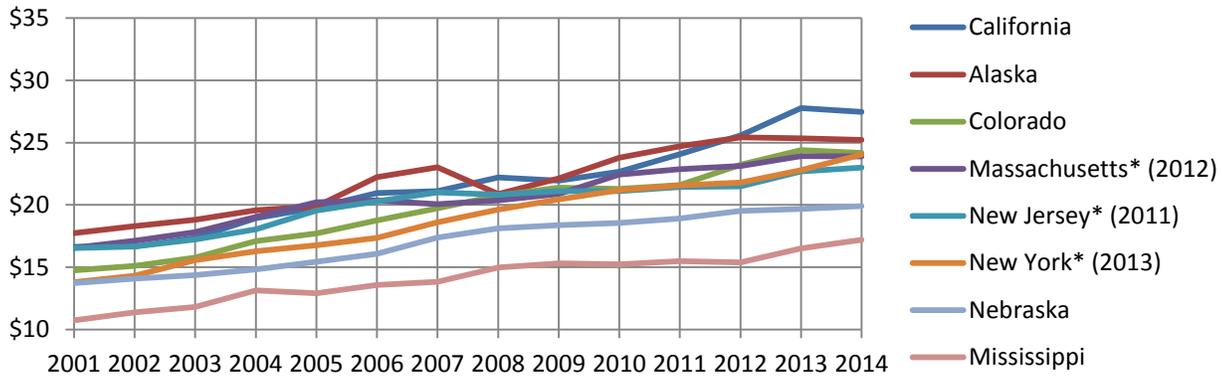


Laws to create minimum education and certification standards for surgical technologists have not caused an increase in surgical technology wages. Wage data from the Federal Bureau of Labor Statistics demonstrate that surgical technologist wages in states with minimum education and certification surgical technology laws have similar trajectories as neighboring states without laws regulating surgical technologists, even in states in which the law was enacted many years ago.

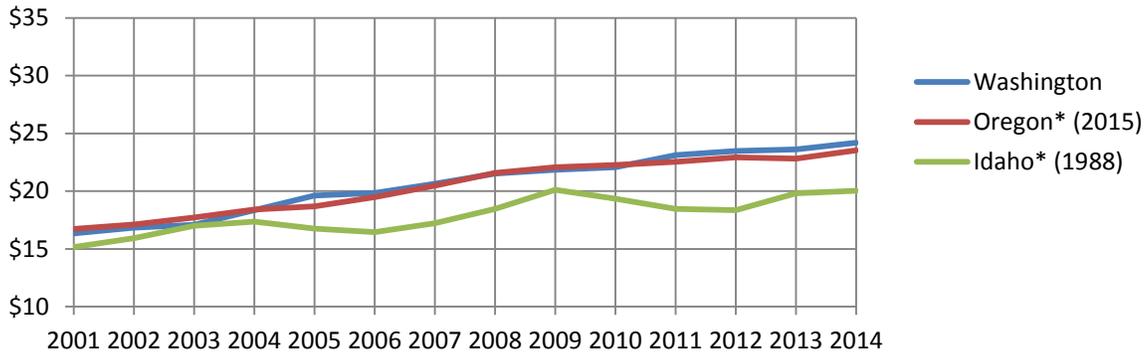
Below are charts that show these states in various views. Raw data are included below.

The Federal Bureau of Labor Statistics, as of September 2015, has not published the 2015 State Occupational Employment and Wage Estimates.

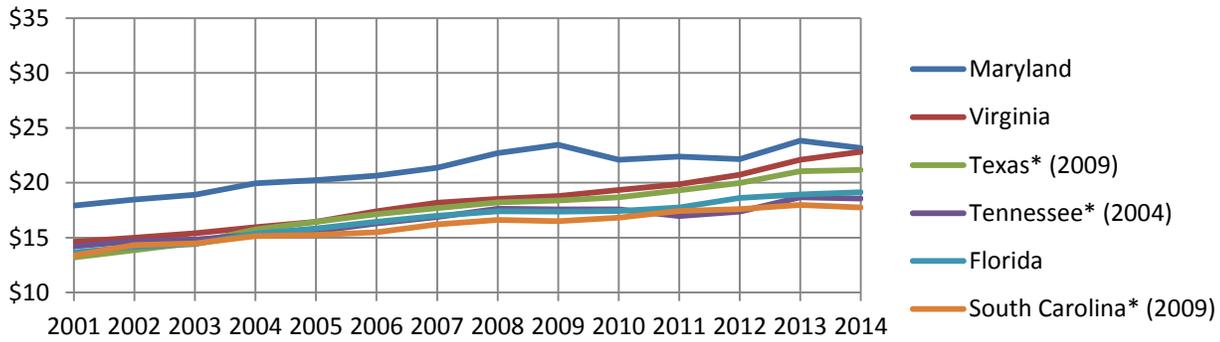
\*Denotes year the state passed a surgical technologist minimum education and certification law.



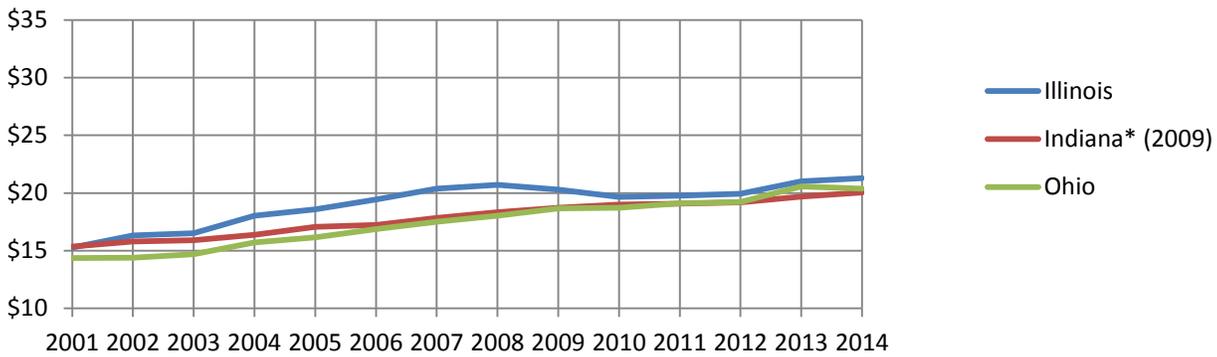
\*Denotes year the state passed a surgical technologist minimum education and certification law.



\*Denotes year the state passed a surgical technologist minimum education and certification law.



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\*Denotes year the state passed a surgical technologist minimum education and certification law.

**Raw Data, Surgical Technologist Average Hourly Wage by State, Federal Bureau of Labor Statistics**

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
CA	16.65	16.67	17.36	18.95	19.77	20.96	21.1	22.2	21.94	22.67	24.07	25.59	27.78	27.47
HI	16.04	16.79	16.69	16.27	17.17	19.37	20.5	20.63	21.88	23.56	25.41	25.77	26.80	27.05
AK	17.75	18.29	18.81	19.57	19.88	22.23	23.03	20.88	22.13	23.79	24.71	25.42	25.35	25.21
CO	14.76	15.12	15.77	17.11	17.72	18.76	19.72	20.75	21.39	21.30	21.60	23.23	24.40	24.18
WA	16.34	16.84	17.07	18.34	19.63	19.83	20.64	21.53	21.85	22.06	23.11	23.48	23.61	24.18
NY* (2013)	13.82	14.32	15.56	16.28	16.78	17.36	18.62	19.62	20.44	21.19	21.57	21.80	22.79	24.04
MA* (2012)	16.56	17.12	17.82	19.03	20.21	20.38	20.06	20.36	20.89	22.43	22.86	23.13	23.92	23.88
OR* (2015)	16.73	17.10	17.71	18.40	18.69	19.47	20.48	21.56	22.08	22.27	22.55	22.93	22.80	23.53
MD	17.94	18.48	18.91	19.96	20.25	20.65	21.38	22.72	23.47	22.09	22.38	22.15	23.85	23.18
NJ* (2011)	16.54	16.66	17.23	18.04	19.55	20.29	21.02	20.82	21.12	21.11	21.43	21.49	22.68	22.99
VA	14.62	15.00	15.4	15.95	16.45	17.39	18.19	18.54	18.81	19.34	19.86	20.75	22.11	22.81
IL	15.27	16.31	16.53	18.04	18.58	19.45	20.38	20.72	20.3	19.67	19.76	19.93	21.00	21.30
TX* (2009)	13.19	13.87	14.54	15.74	16.45	17.14	17.7	18.22	18.38	18.69	19.32	19.98	21.07	21.18
OH	14.36	14.40	14.69	15.71	16.15	16.88	17.5	18.04	18.67	18.73	19.12	19.23	20.58	20.39
IN* (2009)	15.35	15.81	15.91	16.39	17.06	17.24	17.84	18.35	18.72	19.01	19.07	19.20	19.70	20.04
ID* (1988)	15.15	15.93	17.01	17.36	16.74	16.46	17.22	18.45	20.1	19.33	18.47	18.35	19.82	20.04
NE	13.74	14.09	14.37	14.83	15.45	16.09	17.37	18.13	18.39	18.55	18.92	19.52	19.67	19.90
FL	13.66	14.16	14.42	15.37	15.85	16.44	16.99	17.4	17.38	17.43	17.76	18.62	18.95	19.15
KY	14.01	14.25	14.53	15.20	15.28	15.92	16.56	16.68	16.9	17.33	17.64	17.93	18.34	18.59
TN* (2004)	14.21	14.68	14.83	15.29	15.59	16.3	16.87	17.65	17.58	17.59	16.98	17.38	18.69	18.57
SC* (2009)	13.38	14.34	14.48	15.13	15.27	15.48	16.21	16.63	16.5	16.82	17.44	17.62	17.97	17.74
MS	10.74	11.38	11.82	13.14	12.92	13.59	13.83	14.98	15.32	15.25	15.50	15.38	16.52	17.20

9. Is there any additional information what would be useful to the technical committee members in their review of the proposal?

**Surgical Technology Graduation Numbers from Nebraska Accredited Surgical Technology Programs**

YEAR	SOUTHEAST COMMUNITY COLLEGE GRADUATES	NEBRASKA METHODIST COLLEGE GRADUATES	TOTAL SURGICAL TECHNOLOGY GRADUATES FROM NEBRASKA ACCREDITED PROGRAMS
1999	14		
2000	22		
2001	27		
2002	12		
2003	19		
2004	15	17	32
2005	36	15	51
2006	34	17	51
2007	17	15	32
2008	20	11	31
2009	44	13	57
2010	17	9	26
2011	19	14	33
2012	30	8	38
2013	21	8	29
2014	14	10	24
2015	21 (another class to graduate 12/18/2015)		

Average Total Graduates/year:	36.72727273
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## **Surgical Technology Graduation Numbers from all Nationally Accredited Surgical Technology Programs**

There are currently 441 CAAHEP (Commission on Accreditation of Allied Health Education Programs) accredited surgical technology programs nationally and 60 ABHES (Accrediting Bureau of Health Education Schools) accredited programs nationally for a total of 501 accredited surgical technology programs nationally that produce graduates who sit for the national surgical technologist certifying exam prior to graduation. Administration of the national surgical technologist certifying exam as a program outcome indicator has been required of accredited surgical technology programs since 2010.

<b>Annual Report Year</b>	<b>Academic YR Period</b>	<b># of Graduates</b>
<b>2010</b>	8/1/2008-7/31/2009	8324
<b>2011</b>	8/1/2009-7/31/2010	7854
<b>2012</b>	8/1/2010-7/31/2011	7705
<b>2013</b>	8/1/2011-7/31/2012	7685
<b>2014</b>	8/1/2012-7/31/2013	7137
<b>2015</b>	8/1/2013-7/31/2014	6604

### **Newly Certified Surgical Technologist from Nebraska**

Since 1980 there have been 890 new certified surgical technologists who have listed their primary residence as Nebraska. There are currently 444 certified surgical technologists who list their primary residence as Nebraska. Administration of the national surgical technologist certifying exam as a program outcome indicator has been required of accredited surgical technology programs since 2010. There have been 133 new certified surgical technologists who list their primary residence as Nebraska since 2010.

### **Migration of Population to Nebraska**

According to the US Bureau of the Census report last updated March 24, 2015 for the period 2010-2014, the Net Migration of Population for the State of Nebraska was 10,030. Net Migration is the difference between the population for the end year and the beginning year minus the “natural increase” (births minus deaths) for the period. It essentially equals domestic and international migration to the state.

## State and National Trends

United States	Employment		Percent Change	<a href="#">Projected Annual Job Openings</a> <sup>1</sup>
	2012	2022		
Surgical Technologists	98,500	127,800	+30%	3,910
Nebraska	Employment		Percent Change	<a href="#">Projected Annual Job Openings</a> <sup>1</sup>
	2012	2022		
Surgical Technologists	900	1,020	+13%	20

<sup>1</sup>Projected Annual Job Openings refers to the average annual job openings due to growth and net replacement.

[Occupation Trends FAQs](#)

[Employment Trends by Occupation Across States](#)

[Compare Employment Trends by Occupation](#)

[Employment Trends by Industry and Occupation](#)

**National Data Source:** [Bureau of Labor Statistics, Office of Occupational Statistics and Employment Projections](#)

**State Data Source:** [Nebraska Department of Labor, Nebraska Workforce Development](#)

## APPENDIX A

### DEFINITIONS

**A Certified Surgical Technologist (CST)** is a surgical technologist that has been determined eligible through examination and granted certification as a Certified Surgical Technologist by the National Board of Surgical Technology and Surgical Assisting. There is only one agency that awards the CST credential which is the NBSTSA. It is a protected, copyrighted, trademarked credential. Certification ensures minimum entry-level theoretical and practical knowledge of surgical technology.

**A surgical technologist** is an allied health professional trained in sterile and aseptic techniques, human anatomy, and appropriate surgical procedures as a member of a surgical team, preparing the operating room environment for safety and ensuring equipment functions properly. Surgical technologists prepare the operating room, including the sterile field, setting up surgical equipment, supplies and solutions. During surgery, surgical technologists pass instruments, fluids and supplies to the surgeon and prepare and manage surgical equipment. Surgical technologists simultaneously manage the sterile field and specimens. Surgical technologists perform a count of sponges and supplies to prevent foreign retained objects. Surgical technologists are certified following successful completion of a CAAHEP-accredited program or other programmatically-accredited surgical technology program and the national Certified Surgical Technologist (CST) examination administered by the National Board of Surgical Technology and Surgical Assisting.

### ACRONYM GUIDE

**ABHES:** Accrediting Bureau of Health Education Schools-national independent accrediting agency of health education programs

**CAAHEP:** Commission on Accreditation of Allied Health Education Programs-national programmatic accreditor in the health science field

**CST:** Certified Surgical Technologist

**NBSTSA:** National Board of Surgical Technology and Surgical Assisting; a nationally-accredited certifying agency; administers CSFA and CST certifications