



THE SURGICAL ASSISTANT

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PRESIDENT'S REPORT

It is my pleasure to report to you that the state of the Association of Surgical Assistants is strong and thriving. Over the past year our membership has surpassed our set benchmarks. Membership currently stands at 934. Much has been done within ASA to reshape itself transcending toward building an independent organization to representing the interests of all individuals practicing as surgical assistants, regardless of which certification they maintain. ASA is focused on representation and support for the CSFA, CSA and the SA-C.

I have included the current strategic vision for ASA. This strategic plan has been developed by the ASA Board of Directors. I have highlighted in **red** those areas where the objective or benchmark has been met. Highlighted in **blue** are those areas where accomplishments have been made but where efforts are still ongoing.

ASA is grateful for the support of the Association of Surgical Technologists. Without AST support, the early success and implementation of this strategic plan would have been impossible. This plan is being re-evaluated, and will be updated with new objectives and benchmarks. The updated plan will be presented to the ASA Board for consideration at our fall board meeting on October 19, 2012. A finished copy will be forwarded after that date to AST President Rodriquez, CST, CSFA, FAST.

As stated in previous reports, this was not a radical recasting of the ASA, but it certainly represents a shift that inverts the focus of the organization and drastically

de-emphasizes some of its past modalities. The ASA has come to the realization that if we are to remain relevant, we must position ourselves as the leading organizational voice for the surgical assistant.

The ASA Board has carefully examined the current state of surgical assisting along with the short-term and long-term needs that will be faced by practicing surgical assistants. We examined the following cri-



Dennis A Stover, CST, CSA, ASA President

teria to support the rationale for developing a surgical assisting organization:

1. The role and responsibilities of the surgical technologist and surgical assistant are separate and clearly defined. The former is charged with the responsibilities of the sterile field, and the latter assists the surgeon directly with invasive responsibilities during the intraoperative phase.



2. Practitioners of these roles experience different educational models. It has been evident that surgical assistants are more inclined to seek higher-level, hands-on opportunities.
3. Surgical technologists and surgical assistants have distinct legislative agendas. Surgical technologists have been seeking legislative recognition of the credential and certification as a condition of employment. Surgical assistants have a much longer road ahead of them to gain the right to practice, and as such, must start prioritizing their legislative efforts, since the ultimate goal is modification of Medicare reimbursement policies.
4. Surgical assistants may bill independently and are increasingly interested in the issue of reimbursement.

In order to move forward with the strategic plan, the ASA Board outlined what has already been accomplished:

- Dues structure established
- Malpractice insurance affiliation with CM&F
- Redesigned website
- Hands-on education opportunities
- Development of initial bylaws
- Election of interim board
- Maintenance of earned CE credits in separate database
- Quarterly publication of ASA News and publication of ASA Enews in intervening months
- Development of initial membership collateral
- Re-branding of ASA Study Guide
- Establishment of partnership with ABSA for SA-C marketing
- CE recognition by ABSA and NSAA of hands-on workshops

The ASA Board has identified the following short-term and long-term goals for the organization along with some specific objectives:

Strategic Goals

- Definition of organizational benchmarks
- Election of Board of Directors
- Adoption of ASA Bylaws
- Establishment of national committees
- Discounted online CE booklet targeted for surgical assistants
- Additional hands-on workshops
- Development of membership marketing structure, collateral and campaign
- Identify corporate sponsorships for annual meeting and exhibits
- Design of additional membership benefits
- State Legislation mandating Certification
- State Legislation mandating insurance reimbursement
- Development of ASA independent annual conference
- Affiliate ACS organizational membership
- Establishment of surgical assistant state association structure

Strategic Objectives

In order to meet the above short-term goals, the following objective goals will need to be developed. A one-year timeline has been determined for successful completion of all objectives. This plan will be reviewed in six months to ensure proper progress. Objectives are not listed in order of priority. Committee development would need to take immediate priority to reach many of these objectives.

Membership

- Increase in membership of ASA
- There are multiple groups that have surgical assistants for their specialty area. We may increase membership of ASA, if we have a better idea of who is out there doing the job and we may at least increase the numbers for lobbying.
- Work with AST to identify other groups. Make contact with their leadership. Review education process needed to work in the surgical setting. Review number of practitioners.
- Contact every accredited surgical assistant program requesting mandatory membership for their students will lay a good foundation for the future of the ASA.
- Continue to solicit membership through the ASA forum and surgical assistant resource
- Our state assembly annual meetings should introduce ASA. Have a vendor table ready to pass out applications and information about this all inclusive organization.
- Consider a free membership to one representative from the AST state assemblies (CSFA) to be a liaison between their state assembly and the ASA to promote ASA business and encourage membership
- Develop a membership committee to further increase membership benefits.

Education

- Develop an educational committee.
- Two offerings should be at conference and two should be during the calendar year.
- They should be held in various areas of the country to allow attendance by both members and non-members who would not otherwise attend because of logistical issues

- Develop strong and advanced level offerings at the annual conference to include preconference workshops
- The wound closure workshop offering at the AST conference is something that could be moved over to the ASA
- An ASA mini conference (weekend forum) should be re-established.
- Identify individual to immediately begin to develop online CE offerings. This should be tasked to the education committee.
- Revise the ASA Core Curriculum

This is an appropriate opportunity to thank each member of the Strategic Planning Committee of ASA and the AST board of directors for their support.

During the last few months of deliberations, the plan was entitled “ The ASA Strategic Plan,” and our aim was to develop and share the organization’s vision to ensure the future of a connected, committed group of surgical assistants with a strong ASA organization at its center. This is a foundation for shaping a renewed mission for surgical assistants, one that is aligned with today’s realities, exigencies and challenges facing us.

This lengthy and arduous process required honest and frank discussion about the ASA, its unique role, its programs, goals, directions, and performance. Input was required from all of the ASA major stakeholder groups and leaders and involved analysis of not just the ASA Board, but also of the larger stakeholder groups represented .

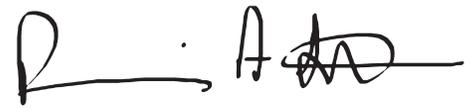
The result, we believe, is a fair representation of the challenges we face, a sensible framework for approaching them, and a pragmatic outline of what must be done within the ASA’s capabilities. I am sure as we roll out the specific details of this plan you will be

excited and encouraged with the direction the ASA is taking. I welcome your feedback and ideas as we work together to develop the Association of Surgical Assistants as the premier organization for all surgical assistants.

As ASA moves into 2013, we will continue to enhance our market presence. This process is well underway with advanced educational offerings with a spring, summer and fall workshops. Due to the success of the first ASA cruise, we have another cruise scheduled for November of 2013. Below is a list of the educational offerings that were available for ASA members as well as those offerings currently scheduled for future dates.

I would again like to thank the AST Board for their support of the ASA. It has been a pleasure to work in conjunction with such a great group of professionals.

Respectfully Submitted on behalf of the ASA Board of Directors,



*Dennis A Stover, CST, CSA
ASA President*

ASA 2012 EDUCATIONAL EVENTS	
2012	
October 19–20	<i>ASA Chicago Meeting</i> (in conjunction with Illinois Surgical Assistant Association) Pre-meeting Stryker bone drilling workshop Friday keynote and Saturday clinical presentations
November 8–9	<i>ASA Robotics Practicum, Houston. Memorial Herman Hospital</i> Two day practicums, two levels of hands-on robotics training, Fundamentals and Advanced
2013	
January	Tentative Mini-Forum — Virginia
February	Tentative Mini-Forum — Florida
Conference	ASA is sponsoring the final conference plenary speaker, Dr Eric Wilson who will be presenting “The Future of Surgical Robotics.” This ties in well with the growing recognition of ASA as a provider of high quality surgical robotics education.

LICENSURE OF SURGICAL ASSISTANTS IN TEXAS: A CASE STUDY

CATHY SPARKMAN, ASA DIRECTOR OF GOVERNMENT AFFAIRS

A student in a surgical assisting program was denied licensure as a surgical assistant by the Texas Board of Medical Examiners because the program, though CAAHEP accredited at the time the student enrolled, voluntarily relinquished its accreditation before the end of the term in which the

student was enrolled. The Board of Medicine advised that licensure was only available to those individuals who met all the requirements of the Texas Surgical Assistant Law; and that since the student did not graduate from an accredited program (through no fault of her own), she was ineligible

to apply for licensure. This student can still practice as a surgical assistant under the delegated authority of a licensed physician, but may not be licensed. Similarly, this student may seek payment for surgical assisting services; she is not guaranteed insurance reimbursement as other licensed

practitioners. While this case may have resulted in unfair treatment of the student on account of the program's voluntary act, it underscores the importance of understanding the complexity and rigor of the Texas law. (An earlier situation with physician assistants occurred and the Texas

SURGICAL ASSISTING PROGRAMS WITH CAAHEP PROGRAMMATIC ACCREDITATION

FLORIDA

Gulf Coast State College

523 W Highway 98
Panama City, FL 32401

Degree: Diploma
www.gulfcoast.edu

IDAHO

College of Southern Idaho

315 Falls Ave
Twin Falls, ID 83301

Degree: Associate
www.csi.edu

KENTUCKY

Madisonville Community College

750 N Laffoon St
Madisonville, KY 42431

Degree: Certificate
www.madisonville.kctcs.edu

MICHIGAN

Wayne County Community College—Western Campus

9555 Haggerty Rd
Belleville, MI 48111

Degree: Certificate
www.wcccd.edu

OHIO

University of Cincinnati, Clermont College

1981 James Sauls, Sr Dr
Batavia, OH 45103

Degree: Certificate
www.ucclermont.edu

TENNESSEE

Meridian Institute of Surgical Assisting

1264 Jackson Felts Rd
Joelton, TN 37080

Degree: Certificate
www.meridian-institute.edu

VIRGINIA

Eastern Virginia Medical School

700 W Olney Rd, Lewis Hall, Ste 1100
Norfolk, VA 23507

Degree: Certificate
www.evms.edu

SURGICAL ASSISTING PROGRAMS WITHOUT PROGRAMMATIC ACCREDITATION

COLORADO

ACE Surgical Assisting

12445 E 39th Ave, #100
Denver, CO 80239

National Institute of First Assisting

12354 East Caley Ave
Centennial, CO 80111

Royal Academy of Surgical Assisting, Inc

8400 E Prentice Ave, Ste 1500
Greenwood Village, CO 80111

TENNESSEE

Surgical Skillz

PO Box 331506
Nashville, TN 37203

TEXAS

Key Access Institute, LLC

9800 Centre Pkwy, Ste 530
Houston, TX 77036

School for Allied Health Professionals

4100 Embarcadero Dr
Arlington, Texas 76014

Medical Board of Medical Examiners made a similar decision).

Chapter 206 of the Health Professions Title of the Texas Occupations Code, enacted in 2001, sets out the requirements for obtaining licensure as a surgical assistant. The law does not apply to a registered nurse, a licensed physician assistant or other licensed health-care worker acting within the scope of the person's license. The law also allows a person to practice in Texas as a surgical assistant if he or she is acting under the delegated authority of a licensed physician. Texas Occupation Code Title 3 Chapter 206, Section 206.002. The law originally contained a "special eligibility" provision which grandfathered surgical assistants who applied for licensure prior to September 1, 2002. The law is amplified by regulations adopted by the Texas Medical Board, 22 TAC 184.4-184.6. According to the law and regulations, current applicants for licensure must meet the following criteria:

1. Have been awarded at least an associate's degree at a two- or four-year institution of higher education;
2. Have successfully completed an education program accredited by CAAHEP, or a substantially equivalent program at a medical school, approved registered nurse

first assistant program or accredited surgical physician assistant program whose curricula contain eight specialized didactic college level courses;

3. Have completed at least 2,000 hours of performance as an assistant in surgical procedures for the three years preceding the date of the application;
4. Have successfully passed the certifying examination administered by the National Board for Surgical Technology and Surgical Assisting (NBSTSA), the American Board of Surgical Assistants (ABSA), or the National Surgical Assistant Association (NSAA) and currently certified by one or more of these three certifying boards. Valid proof of both certification and completion of the accredited program are required to be filed with the application.

Additionally, the applicant must provide basic information required of many other medical professionals, including: (1) Certifying that the applicant is mentally and physically able to function safely as a surgical assistant; (2) Does not have a license, certification or registration from any other licensing authority or certifying professional organization that is currently revoked, suspended, or subject to probation or other disciplinary action; (3) Has no pending proceedings

to revoke a certification or license; (4) Has no pending felony convictions or current prosecution; (4) Does not use drugs or alcohol to an extent that would impair professional competency; and (5) Has not engaged in fraud or deceit in applying for a license.

Reimbursement for surgical assisting services is set forth both in the Texas Occupations Code regulating surgical assistants (TX. OCC. CODE, Title 3, Subtitle C, Section 206.2525) and in the Texas Insurance Code (TX. INS CODE Title 8, Subtitle F, Section 1451.104). The Occupation Code provision states: (1) That the chapter providing for licensure of surgical assistants does not limit the way in which a licensed surgical surgical assistant may be reimbursed for services; and (2) A licensed surgical assistant may directly bill a patient or third-party payor for services provided by the surgical assistant. The Insurance Code provision prohibits an insurer from discriminating among licensed providers for purposes of providing reimbursement to a practitioner providing services, but allows differentiation between reimbursement to a physician, or to a licensed advance practice nurse, nurse first assistant, licensed surgical assistant or physician assistant, for the performance of surgical assisting

services. The import of these two reimbursement provisions is that, while an unlicensed person may practice as a surgical assistant under the delegated authority of a physician, such person is not entitled to reimbursement for such services.

Hospitals may still credential surgical assistants according to their own internal policies. Some facilities have chosen to model their policies after the AST Recommended Standards of Practice, while others have chosen to create their own model or even to require that individuals hold the licensure offered by the State of Texas. Medicare (CMS) Conditions of Participation provisions and guidelines recommend that all participating hospitals appropriately credential all surgical assistants practicing in their facilities (whether as an employee, physician-employed, or independent) and reflect that fact in their patient informed consent provisions.

Individuals seek surgical assistant licensure in Texas for professional achievement, credibility, to comply with hospital policies, and reimbursement. The moral to this story: be vigilant in the choice of surgical assisting programs, as the selection not only affects professional recognition, but potentially financial interests as well.

2013 ASA CALL FOR CANDIDATES

in New Orleans, May 23-25, elections will be held for ASA President, Vice President, Treasurer and two Board positions. Each office is for a two-year term, 2013 through 2015.

Announced candidates who submit their Curriculum Vitae and Consent to Serve by February 1, 2013, will have their information published in *The Surgical Assistant*. The Consent to Serve and Curriculum Vitae forms are available for downloading at <http://www.surgicalassistant.org/index.php/about-asa>.

For publication, candidates must also submit a photograph and a personal statement of involvement

(not to exceed 500 words). If you have previously submitted a Consent to Serve and Curriculum Vitae, you will not need to send in duplicate copies if your information was sent within the last two years.

Please send all documents to: Karen Ludwig, ASA 2013 Candidates for Office, Association of Surgical Assistants, 6 West Dry Creek Circle, Littleton, CO 80120, kludwig@surgicalassistant.org

According to the ASA Bylaws Article V

Section 1. Nominations

A. At least ninety days prior to the national meeting, the Credentials Committee shall present a list of candidates for each office to be filled at the national conference accompanied by a curriculum vitae and a written consent of the nominees to serve if elected. All nominees who meet the qualifications for office shall be placed on that list.

B. Nominations may be made from the floor provided written consent of the nominees has been obtained in advance and their credentials have been verified by the Credentials Committee.

Section 2. Elections

A. Elections shall be by ballot at the national conference, the date and hours to be determined by the ASA.

B. Election of officers shall be by a majority vote. In the event a second ballot is needed to establish a majority, the two candidates receiving the highest number of votes shall be placed on the second ballot.

C. Election of members of the Board of Directors shall be by plurality vote. In the case of a tie, a decision shall be by ballot of the tied candidates and plurality shall elect. In the event of a second tie, a decision shall be by lot.

A candidate must have been an ASA active member for one year immediately preceding nomination and maintain that active status, if elected.

According to the ASA Bylaws Article VI Officers

Section 1. The officers of ASA shall be the following: President, Vice President, Secretary, and Treasurer.

Section 2. Eligibility of Officers

A. A candidate shall have been an active member for one year immediately preceding nomination and, if elected, shall maintain that active status.

According to the ASA Bylaws Article VIII Board of Directors

Section 1. The Board of Directors shall consist of the officers and five other elected members of the Board of Directors.

Section 2. Eligibility of Board of Directors Members

A. A candidate for the Board of Directors shall be an active member and, if elected, shall maintain that active status.

B. A candidate shall not serve in any elected or appointed board position in any national accreditation, professional, or certification organization relative to surgical technology or surgical assisting practice.

All interested active ASA members who are interested in seeking election to the ASA Board are encouraged to send in their Consent to Serve, CV and picture for publication.



HOW TO RUN FROM THE FLOOR

If you miss declaring your candidacy by February 1, for one of the ASA offices in the 2013 elections in New Orleans, there is another option. Interested ASA dues-paying active members can also become a candidate during the first Business Session that occurs on Thursday, May 23. This candidate process is also called running from the floor.

Elections will be held for the offices of president, vice president and treasurer, plus two Board of Director positions. To be eligible, candidates must be an active member and, if elected, shall maintain that active status. A completed Curriculum Vitae and Consent to Serve forms must be submitted. (These are available on the ASA website, www.surgicalassistant.org. Click on About ASA and scroll down to the links posted under Interested in Serving?)

Interested practitioners must present their forms to the ASA Credentials Committee Booth for their review and approval before the first business session. The Credentials Committee Booth will be open on Wednesday, May 22, in the main registration area. Times will be posted and an announcement will be included in a later issue of *The Surgical Assistant*.

ASA Business Session 1 will be held on Thursday, May 23. The declared candidates will be introduced and then any eligible candidate can place their name

in nomination for one of the open positions to run from the floor. Each nomination must be seconded before a candidate is considered eligible to be placed on the ballot.

After the nominations from the floor are closed, the ASA Candidates Forum will occur. Each candidate for an officer position will be able to present a five-minute speech related to their positions and their priorities for the organization. Each candidate for a Board of Director office will have three minutes to share their priorities and views for the future of the organization.

Once the candidates have completed their presentations, ASA active members will be able to directly ask candidates relevant questions. Responses will be timed and rotated in order to allow as many as possible to participate.

We hope to see many active ASA members participate in New Orleans.



ASA IN NEW ORLEANS (PREVIEW)

We hope to see many of you in New Orleans. We need to be sure that we have a quorum for elections.

We also wanted to share a few of the surgical assistant presentations that will occur on Saturday, May 25. Additional ASA-sponsored education sessions occur on Friday, May 24.

May 25, 2013

7:30 - 8 AM
Voting

8 - 8:50 AM
ASA Business Session 2
The election results are announced and new business and strategies for the coming year are discussed.

9 - 9:50 AM
How to Choose a Billing Company
ASA Panel

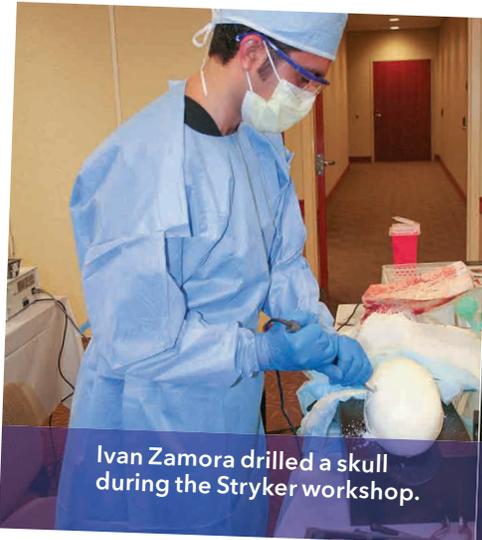
10 - 10:50 AM
Writing Contracts with Hospitals, Surgery Centers, Insurance Companies and Partnerships
Fred Fisher, CSFA, CSA

11 - 11:50 AM
Standards of Practice and the ASA Core Curriculum
ASA Education Committee

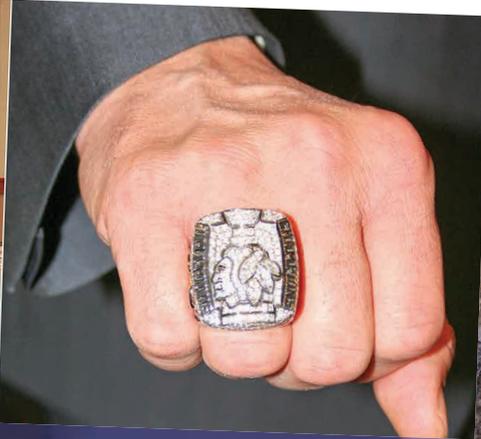
2 - 3:50 PM
The Future of Surgical Robotics
Erik Wilson, MD, FACS

2012 ASA IN CHICAGO

On October 19-20, ASA sponsored a Stryker Bone Drilling Workshop and Meeting at Elmhurst Hospital. The presenters were outstanding, the reception was engaging and the practitioners benefited from the education and the networking.



Ivan Zamora drilled a skull during the Stryker workshop.



Dr Terry's Stanley cup bling dazzled everyone.



Kathy Duffy introduced Shari Meyerson, MD, who received kudos for her thoracic surgery presentation.



Luis Aragon started off the In-Network and Out-of-Network Billing session.



Dennis Stover, Keynote Speaker Michael Terry, MD; Margaret Vaughn and Nahid Khan enjoyed some cool jazz and hot hors d'oeuvres.



Allen Limberg focused on accuracy.



William Woods, MD, and Robert Baker, MD, shared their musical talents with an appreciative audience.



Robyn Goodhart and Noel Teodoro offer big smiles during a break.



Bill Price and Margaret Rodriguez caught up at the reception.

ASA CREDENTIALING AND COMPETENCY REVIEW SURVEY OF SURGICAL ASSISTANTS

VANESSA HANNEMANN, ASA GOVERNMENT AFFAIRS MANAGER

ASA is seeking information about competency reviews and about which departments in hospitals credential surgical assistants. Currently, surgical assistants' credentialing departments vary. For example, some ASA members are credentialed through physician services at one of their hospitals and credentialed through human resources at a different hospital down the street. The designated credentialing department is at the discretion of hospitals. The Joint Commission's competency review standards are placed in the human resources chapter of the standards, which is why hospitals sometimes designate human resources departments to perform surgical assistant competency reviews, though it seems counterintuitive. Hospital executives may decide to streamline delegation by holding the human resources department responsible for compliance for all Joint Commission human resources standards that relate to surgical assistants.

The Joint Commission Human Resources Standard 01.06.01 (HR 01.06.01) requires that staff members

ASA
ASSOCIATION OF SURGICAL ASSISTANTS

ASA Surgical Assistant Employer Competency Review Survey
0% 100%

Personal Information

*Name
[Text Input Field]

Credentials
Check any that apply

CSFA
 SA-C
 CSA
 RN
 PA
 CST

*City
[Text Input Field]

*State
Choose one of the following answers
[Please choose...]

are competent to perform their responsibilities. Standard HR.01.06.01 reads as follows:

Standard HR.01.06.01— Staff are competent to perform their responsibilities.

- The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.
- The hospital uses assessment methods to determine the individual's competence in the skills being assessed. Note: Methods may include test taking, return demonstration, or the use of simulation.

- An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence. Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. Alternatively, the hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.
- Staff competence is initially assessed and documented as part of orientation.

- Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance to law and regulation.
- The hospital takes action when a staff member's competence does not meet expectations.

ASA is seeking information about how Joint Commission-accredited hospitals choose to comply with these standards. Please click on the link titled Competency Review Survey located on the front page of the ASA website.

The areas ASA is looking at include credentials; location; definition(s) of competencies for surgical assistants; assessment methods; title, educational background and knowledge of person performing competency reviews; frequency of competency reviews and the department where you are credentialed.

Information will be aggregated and may be used for ASA advocacy activities. Thank you for your participation.



Membership Application

Association of Surgical Assistants • www.surgicalassistant.org
6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120-8031
Phone: 800.637.7433, option 3 • Fax: 303.694.9169
memberv@surgicalassistant.org

Last Name _____ First _____ MI _____
Address _____ Apt # _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Have you ever been a member of ASA? No Yes, under the name of _____
Email _____
I was recruited by: _____ (member's name), _____ (membership #)

MEMBERSHIP DUES **Membership categories and discounted first-time CSFA exam bundles explained on the back of this form.**

Please check the appropriate choice for membership dues or bundle.

Active...\$150 (INCLUDES AST MEMBERSHIP)

Copy of your credential must be submitted for verification.

Credential Held: CSFA = NBSTSA CSA = NSAA SA-C = ABSA

Certification Number _____ Cert Start Date _____ Cert End Date _____

Associate...\$150 (INCLUDES AST MEMBERSHIP)

Credential Held: CST CRNFA or RNFA PA-C OPA-C Other _____

Bronze Exam Bundle...\$317 (First-time certification only, **INCLUDES ASA & AST MEMBERSHIP**. See other side for requirements.)

Silver Exam Bundle...\$202 (First-time certification only, currently an ASA member. See other side for requirements.)

Student...\$45 (Requirement: currently enrolled in a CAAHEP-accredited surgical assisting program.)

Complete School Name _____ Start Date _____ Graduation Date _____

Instructor's Name _____ Instructor's Email _____

Gold Student Exam Bundle...\$237 (First-time certification only, includes ASA membership. See other side for requirements.)

DUES INFORMATION All dues are for one year. Dues are not refundable and membership is not transferable.

PAYMENT METHOD **Remit to: ASA, 6 West Dry Creek Circle, Ste 200, Littleton, CO 80120-8031 or fax 303-694-9169**

Check or money order enclosed (make checks payable to AST)

Bill my credit card: VISA MasterCard AmEx # _____ Expiration date _____

Signature _____

- Check here if you **do not** wish to receive email notification in addition to your regular postal notifications.
- ASA shares mailing information with a very limited number of organizations which provide membership with liability coverage and other services at a discounted rate as a benefit of membership. Check here if you **do not** wish to receive information.

Join ASA Today!

Print and mail your application with payment to
ASA • 6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120
or fax to 303.694.9169



Join ASA in 2013
LEARNING AT SEA
Port Calls: Roatan, Belize
and Cozumel
November 3-10, 2013



Proposed Agenda

Embarkation Day: Group welcome and reception

Day One at Sea (6 CEs)

- 9-9:50 History of Surgical Assisting
- 10-10:50- Ethical Considerations
- 11-11:50- Ansell Healthcare
- 12- 1 Lunch
- 1-1:50- International Missions
- 2-2:50- The Surgical Traveler
- 3-3:50- Evidence Preservation

Day Two at Sea (6 CEs)

- 9-9:50 – Business Principles for the Surgical Assistant (Part 1)
- 10-10:50— Business Principles for the Surgical Assistant (Part 2)
- 11-11:50- Emergency C-Section
- 12- 1 Lunch
- 1-1:50- Knowing your Patient preoperatively
- 2-2:50- Robotics

Day 3 at Sea (6 CEs)

- 9-9:50 – Medical Malpractice Issues- 1
- 10-10:50—Medical Malpractice issues- 2
- 11-11:50- Recalled Implants
- 12- 1 Lunch
- 1-1:50- Tissue Recovery
- 2-2:50- Disaster Related Trauma

Cabin Charges (2 people/cabin):

8C Balcony	\$1,490.00 (\$745/person)
8B Balcony	\$1,472.00 (\$736/person)
4E Interior	\$1,220.00 (\$610/person)
4B Interior	\$1,170.00 (\$585/person)

Fees include cabin accommodations, meals, specified soft drinks, education sessions and processing, and many shipboard activities. Excludes \$50 per person gratuity.

All cabins double occupancy. Limited supply—reserve early to ensure your choice.

Registration deadline: August 1, 2013. No refunds after August 1, 2013.

Carnival Magic Departs Galveston. Register at www.surgicalassistant.org



*6 West Dry Creek Circle, Suite 200
Littleton, CO 80120*



**ASA proudly recognizes
American Surgical Assistants as a
corporate sponsor.**