



## HEALTHCARE PROFESSIONALS COMPETENCY TESTING (HPCT)

### **Surgical Technician Certification Examination Scrubs Requirement**

PLEASE NOTE THAT YOU ARE **NOT** REQUIRED TO COMPLETE THE SCRUBS BEFORE SITTING FOR YOUR CERTIFICATION EXAM. THE SCRUBS CAN BE COMPLETED **AFTER** YOUR CERTIFICATION EXAM.

*When you complete your scrubs, give to your employer alongside your CST certification.*

Name of Healthcare facility: \_\_\_\_\_

Name of Trainee \_\_\_\_\_

A minimum of 100 scrubs are required. A minimum of 50 scrubs must be in general surgery.

|           | First Scrub | 2 <sup>nd</sup> Scrub | Type of surgery | Date | Preceptor sign |
|-----------|-------------|-----------------------|-----------------|------|----------------|
| 10 scrubs |             |                       |                 |      |                |
| 10 scrubs |             |                       |                 |      |                |
| 10 scrubs |             |                       |                 |      |                |
| 10 scrubs |             |                       |                 |      |                |
| 10 scrubs |             |                       |                 |      |                |
| 10 scrubs |             |                       |                 |      |                |
| 10 scrubs |             |                       |                 |      |                |
| 10 scrubs |             |                       |                 |      |                |
| 10 scrubs |             |                       |                 |      |                |
| 10 scrubs |             |                       |                 |      |                |
| 5 scrubs  |             |                       |                 |      |                |
| 5 scrubs  |             |                       |                 |      |                |
| 5 scrubs  |             |                       |                 |      |                |
| 5 scrubs  |             |                       |                 |      |                |

#### Preceptor Statement

I certify that \_\_\_\_\_ has completed the above signed scrubs and has demonstrated proficiency in her responsibilities as a surgical technician.

Name: \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Contact Email \_\_\_\_\_

Phone Number \_\_\_\_\_