

GOLD STUDENT EXAM BUNDLES FOR EDUCATORS

Save \$115 or 32% on Gold Student Bundling!

		Total Costs
Non Member:	Study Guide and Exam	\$362
Gold Bundle:	AST Membership, Study Guide, and Exam	\$247
	SAVINGS!	\$115

How to Submit for Gold Bundle:

1. Fill-out the Educator Gold Exam Bundle Submission forms found on the AST website, www.ast.org/Educators/Gold_Bundle_Packages/.
2. Submit Educator Gold Exam Bundle form and student applications together to AST either by Fax (303)-694-9169, email scanned applications in PDF format to memserv@ast.org or mail to AST, Member Services, 6 W Dry Creek Circle, Ste 200, Littleton, CO 80120-8031
3. Do not send payment; wait until AST sends you a confirmation email verifying correct payment total. Incorrect payment will be returned which will result in unnecessary delays for your students to receive their exam materials. AST will notify you of the payment total by email within 2 business days from the date the forms were received. The exam bundles are processed within 3 business days upon receipt of payment.

Forms of Payment That are Accepted:

1. **Credit Cards:** Visa, Master Card or American Express
2. **Checks:** Cashier's check, money order or institutional check, payable to AST
3. **NOT accepted:** Purchase orders and student personal checks or student's credit/debit cards.

QUESTIONS?

For further assistance, please contact Member Services at memserv@ast.org or 800.637.7433, Monday-Friday, 8:00 a.m. to 4:30 p.m., MST



Educators Student Group Exam Bundle Form

Association of Surgical Technologists • www.ast.org
6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120-8031
Phone: 800.637.7433 • Fax: 303.694.9169 • memserv@ast.org

NAME OF INSTITUTION _____

ARC PROGRAM CODE _____ (4 digits — can be obtained at www.arcstsa.org)

CAMPUS _____

SHIP TO AND CONTACT INFORMATION

AST processes and ships the study guides to programs by FedEx Ground. Delivery occurs within five to seven business days. If rush delivery is required, additional charges will apply. Printable and electronic prepaid exam applications are available via the National Board of Surgical Technology and Surgical Assisting (NBSTSA) website at www.nbstsa.org. If you have specific questions regarding the exam and testing locations, contact NBSTSA directly at 800-707-0057, option 1.

Name of Person to Receive Order _____

Title _____

Address _____

Contact Email _____ Contact Phone _____

DON'T PAY YET! AST will confirm the correct payment total by email within three business days from the date received.

STUDY GUIDE TYPE:

Printed Study Guide - \$7/guide for shipping and processing

Online Study Guide - No shipping and processing fee

Group must choose only **ONE type of study guide (printed or online). If the person desires both types, they can purchase the other one after the bundle has been processed.

CHECKLIST FOR SUBMISSION TO AST

- 1) _____ Please indicate the total number of student applications. Submit all student applications together. The interactive AST student application is available at www.ast.org, under Educators/Gold Bundle Packages. Students must be enrolled in CAAHEP- or ABHES-accredited programs to be eligible. This opportunity is only available to first-time certificants. Applications must include the student's residential address, not the school address, to receive an AST membership card, student newsletters, and the monthly journal, *The Surgical Technologist*.
- 2) This form, the Educators Gold Exam Bundle Submission Form.

3 WAYS TO SUBMIT AST STUDENT APPLICATIONS AND CONTACT INFORMATION

FAX: 303-694-9169. Do not mail applications that were faxed.

EMAIL: Scan applications in PDF format to: memserv@ast.org. Do not mail applications that were emailed.

MAIL: AST, Member Services, 6 West Dry Creek Circle Ste 200, Littleton CO 80120-8031

Thank you for your submission! We will get back to you within 3 business days from the date received.

AST GOLD BUNDLE STUDENT ROSTER

SCHOOL/INSTITUTION NAME: _____

CONTACT NAME: _____

	STUDENT NAME LAST:	FIRST
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Student Application

Association of Surgical Technologists

6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120-8031

Phone: 800.637.7433 • Fax: 303.694.9169 • www.ast.org

Please check the appropriate choice for membership dues or bundle.

- STUDENT MEMBERSHIP • \$45**
Requirement: Currently enrolled in a surgical technology program.
- GOLD STUDENT PRINTED EXAM BUNDLE • \$247****
- GOLD STUDENT ONLINE EXAM BUNDLE • \$240****

*** If applying with a group gold bundle - only **ONE** type of bundle (printed or online) is permitted for the whole group.

COMPARE THE SAVINGS ON GOLD EXAM BUNDLE!

	Nonmember	Gold Student	Online
AST Membership	N/A	\$35	\$35
Exam Study Guide	\$65	\$45	\$45
Exam Application	\$290	\$160	\$160
S&H	\$7	\$7	
TOTAL	\$362	\$247	\$240

** To qualify students **must** be currently enrolled in a CAAHEP or ABHES-accredited surgical technology program. The Gold bundles are for first time certification only. If your program director does not have an ARC Program Code, your program is not approved/accredited/in candidacy, and you do not qualify for the discounted student exam bundles.

STUDENT INFORMATION

Last Name _____ First _____ Middle Initial _____
 Address _____ Apt. # _____
 City _____ State _____ Zip _____
 Contact Phone (include area code) _____ E-Mail _____
 State Assembly (If applicable indicate preferred State Assembly if different from state address listed.) _____

SCHOOL INFORMATION

Complete School Name—do not abbreviate: _____
 Campus _____
 ARC Program Code _____ Start Date ____/____/____ Graduation Date ____/____/____
 Instructor's Last Name _____ Instructor's Email _____

PAYMENT METHODS

Due to nonsufficient funds personal checks are **NOT** accepted. Payments must be submitted by money order, cashier's check, institutional check, Visa, MasterCard, or AMEX. Make checks payable to AST. Dues are not refundable and membership is not transferable. A portion of your dues are allocated to the state assembly of your choice.

- Institutional Single Payment—Credit Card Payment Enclosed
- Individual Payment—Cashier's Check or Money Order Enclosed
- Group Payment—Credit Card Payment Enclosed
- Group Payment—Institutional Check, Cashier's Check or Money Order Enclosed

Card # _____ Expiration Date ____/____/____

Signature _____

- Check here if you **do not** wish to receive email notification in addition to your regular postal notifications.
- AST 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 AST Today!

Print and mail your application with payment to
 AST • 6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120 or fax to
 303.694.9169 (please call to make sure we received your fax.
 or submit this form by email to memserv@ast.org