

**Gwinnett Technical College  
Office of Continuing Education**

**Certified Surgical Technologist (CST) Exam Review Course**

**GENERAL AFFIDAVIT UNDER OATH**

I \_\_\_\_\_, as a resident of \_\_\_\_\_  
(Print Full Name) (Name of County)

County, of the State of Georgia, presently residing at \_\_\_\_\_,  
(Address, City, Zip Code)

do hereby certify, affirm and declare that all herein facts and documents attached are true and correct to the best of my knowledge. As an applicant registering for the Certified Surgical Technologist (CST) Exam Review course administered by the Continuing Education Division of Gwinnett Technical College, I am providing all required attachment(s) indicated in the check-marked area below, reflecting proof of my previous certification and/or formal education in Surgical Technology. I understand that only one of the following criteria is required as a qualification for enrollment in the CST Exam Review course:

- I am attaching a copy of my certification which I obtained from the National Board of Surgical Technology of Surgical Assisting (NBSTSA).
- I am attaching a copy of my certificate of graduation from the Commission on Accreditation of the Allied Health Education Program (CAAHEP).
- I am attaching a copy of my certificate of graduation from the Accrediting Bureau of Health Education Schools (ABHES) as a recognized and accredited Surgical Technology or Surgical First Assisting Program.
- I am attaching a copy of my DD214 Form indicating my military occupational status as proof of my graduation from a military training program in Surgical Technology.

\_\_\_\_\_  
Applicant Student Signature

\_\_\_\_\_  
Date