



## Association of Surgical Technologists

### ASSOCIATION OF SURGICAL TECHNOLOGISTS (AST) PROGRAM ASSESSMENT EXAM (PAE) APPLICATION

#### Directions:

- All applications should be mailed to **PAE, 6 West Dry Creek Circle, Ste. 200, Littleton, CO 80120**. Program applicants with questions should contact AST at 800-637-7433 x 2514 or by e-mail at [mfrey@ast.org](mailto:mfrey@ast.org).
- Cost: \$30.00 per exam
- All applications must be completed and received by AST at least **30 days prior** to the intended exam administration date.
- All applications must be accompanied by a check (personal, corporate, money order or cashiers check) or credit card number and expiration date (Visa, MasterCard, American Express) with the applicable amount. Sorry, **no purchase orders**. AST will not invoice for the PAE as this is not a fixed cost. Please make all checks payable to “AST.”
- All applications must be shipped by certified return receipt or in a format in which application can be tracked in the case that it is not received by AST.
- Incomplete applications or applications without payment will cause delay of the processing of the application and could result in the program’s inability to issue the exam to its students.
- **Exams may not be given the week of the AST National Conference or the following week after conference. For the dates of National Conference, check the AST web site (www.ast.org).**

#### Web-Based Exam Process:

- Upon the receipt of each application, AST will assign a password for each exam proctor. The password will be issued 2 business days before the reported exam date via e-mail.
- A Student Instruction Sheet (also provided in the packet) should be given to each student to read. Approximately 5 minutes before the exam, the proctor should read the test statement to students and answer any questions.
- During the administration of the exam, each registered student will be given the assigned password by the proctor. The student will access [www.ASTPAE.org](http://www.ASTPAE.org) and should enter the school program identification number, (PIN) can be obtained by emailing or calling AST, a dash, and the last four digits of his/her social security number on the first line and then the assigned password on the next line.
- Results will be tabulated and a report sent to the program approximately 4-6 weeks following the administration of the exam.
- Students will get their Individual Mastery Report as soon as they finish the exam.
- **The week of AST National Conference and the following week there is no testing allowed due to the staff being at the conference.**

**FYI: PAE reports will be sent within 6-8 weeks after receiving exam scores via United States Postal Service. If your program has not received their reports by 9 weeks please contact AST immediately and request a report. Any reports not requested by 12 weeks post testing date, a \$50.00 fee will be charged for each additional PAE report that is requested by a program director. PAE reports must be kept on file for 5 years for CAAHEP Accreditation.**



**PAE APPLICATION**

Date: \_\_\_\_\_

School/Institution/Program Name:

\_\_\_\_\_

Program Director/Contact:

\_\_\_\_\_

Exam Proctor (if different than the Program Director/Contact)

\_\_\_\_\_

Alternate Exam Proctor:

\_\_\_\_\_

Program Mailing Address:

\_\_\_\_\_

Program City: \_\_\_\_\_ Program State: \_\_\_\_\_

Program Zip: \_\_\_\_\_ Program Phone: \_\_\_\_\_ Program Fax: \_\_\_\_\_

Program ID#: (4 digit number, current ID numbers do not start with 0) \_\_\_\_\_

Program ID# can be obtained by either emailing or calling AST.

E-mail: \_\_\_\_\_

Please Circle the Type of Award to be Received Upon Graduation: Certificate Diploma AS AAS

Current Class Start Date: \_\_\_\_\_

Current Class Completion Date: \_\_\_\_\_

Date on which the PAE exam will be administered: \_\_\_\_\_

Number of students testing: \_\_\_\_\_

□ **Page 4 of this application also needs to be submitted along with pages 3 and 4)**

**Web-Based Exam Total:** Number of students testing \_\_\_\_\_ X \$30 = \$ \_\_\_\_\_

❖ If paying by check, please enclose a check with the appropriate amount as determined above. All checks should be made payable to AST.

❖ If paying by credit card (Visa, MasterCard, American Express), please complete the following

Credit Card Type (Please Circle One): Visa MasterCard American Express

Card Holder Name (As Appears on Card): \_\_\_\_\_

Address of if different than stated above:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Program Director/Instructor Signature : \_\_\_\_\_

Does your application include?

- Completed Application
- Form of Payment
- Student Identification Page

## STUDENT IDENTIFICATION PAGE

School/Institution name (please no abbreviations): \_\_\_\_\_  
Date of testing \_\_\_\_\_ Program identification number: \_\_\_\_\_

	STUDENT NAME (LAST, FIRST)	Last four digits of Student's social security #
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