

VERIFICATION OF SURGICAL EXPERIENCE

The following signature must be obtained to verify the first scrub role experience as documented in the **Surgical Procedure Log Book**.

I, _____ verify that
(Supervisor's name)

_____ has completed
(Applicant's name)

125 surgical procedures in the first scrub role as documented in the Surgical Procedure Log Book.

Operating Room Supervisor's Signature _____

Date _____

Name and address of Facility _____

Telephone: _____

E-mail _____