[The Honorable – and full name of constituent elected official]

]Local district office address with proper capitalization]

Dear [representative or senator and surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_],

I am writing to urge your support of the [bill title and number], sponsored by [name of sponsor] and co-sponsored by [list co-sponsors]. The proposed legislation will require that surgical technologists in the operating room are appropriately credentialed and certified. I am a surgical technologist at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [institution/program, and location/city]. In this capacity, I am an integral member of the surgical team. I am responsible for ensuring that the supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, we have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Our ability to anticipate the sequential order of surgical procedures and the needs of surgeons contributes to successful outcomes and the quality of care that the patient receives.

Patients assume that all personnel caring for them are properly educated and have appropriate clinical experience; however, surgical technologists remain the only members of the surgical team who are not required to meet threshold educational and certification criteria to practice in their area of expertise. Passage of a surgical technologist credentialing bill will obviate this alarming disparity and ensure that all personnel caring for patients undergoing surgery are appropriately educated and meet minimum continuing education standards.

Thank you for your consideration. Surgical patient care is enhanced when all members of the surgical team work collaboratively and in concert. Threshold competency requirements for surgical technologists will help achieve this goal. Patients undergoing surgery in \_\_\_\_\_\_\_\_\_\_\_ [your state] deserve no less.

Very truly yours,

First Name Last Name, Certification

Certified Surgical Technologist

[Complete Home Address]

Telephone/Cell Number