

# Anesthesia Technologist Examination Application



**APPLICATION REQUIREMENTS: Certificates MUST be attached to this application:**

**1. EDUCATION:**

- Successful Completion of an approved/accredited Anesthesia Technology Program.
- 2. A minimum of an Associate Degree or Degree and Certificate of Completion.
- 3. – **OR** – Currently certified anesthesia technician with certificate of completion from an ASATT approved advancement program.
- 4. Current American Heart Association ACLS.

*\*If the above information is not provided, your application will be returned less a \$100 processing fee.*

AMERICAN SOCIETY OF  
ANESTHESIA TECHNOLOGISTS  
AND TECHNICIANS

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Milwaukee, WI 53214  
P: 414.295.9220  
F: 414.755.1346  
asatt@asatt.org

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Permanent Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip+4:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Program/Employer:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**School Attended:** \_\_\_\_\_ **Highest Educational Level:** \_\_\_\_\_ **Certification Number:** \_\_\_\_\_

**The following fee is enclosed: \$** \_\_\_\_\_ **ASATT Member Number:** \_\_\_\_\_

**APPLICATION FEES:**

Active Member of ASATT - \$225 / Non Members - \$450 (in U.S. Funds)  
Non-U.S. Members - \$450 / Non Members - \$550 (in U.S. Funds)

**REAPPLICATION FEES:**

Active Member of ASATT - \$100\* / Non Members - \$300\* (in U.S. Funds)  
Non-U.S. Members - \$300\* / Non Members - \$375\* (in U.S. Funds)

*\*applicable for 12 months from date of original application.*

## METHOD OF PAYMENT

**Check/Invoice:** Please make checks payable to ASATT in US currency drawn on a US bank and remit to the address at the top of this form.

**Credit Card:**  Visa  MasterCard  Discover

**Credit Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Card Holder Name:** \_\_\_\_\_

**Credit Card Billing Address:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

**Results of the Examination:** Your score report will indicate a "pass or fail" and will be provided at the end of your computer test. Failing candidates will receive a domain breakdown.

**Refusal or Denial:** An application will be refused, or denied if the applicant has:

- 1. Not met the educational or employment requirements (see top of form).
- 2. Attempted to obtain certification by deception or fraud.
- 3. Unauthorized possession and/or distribution of the ASATT examination.

**Statement of Application:** I certify that I have read all portions of this application. I believe that I comply with all admission policies and requirements for the **ASATT Certification Examination**. The information I have submitted is complete and correct to the best of my knowledge and belief. I understand that if I have submitted incomplete or inaccurate information, my application may be rejected.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Office Use Only

**Fee enclosed: \$** \_\_\_\_\_ **Card Used:**  Visa  MasterCard **Educational Diploma/Certificate:** \_\_\_\_\_

**American Heart Assoc. ACLS:** \_\_\_\_\_ **Clinical Transcript:** \_\_\_\_\_

**Notations:** \_\_\_\_\_