

Continuing Education for Advancement in Preparation of Technologist Certification Examination Application



☐ Currently Employed as Cer. AT ☐ ACLS ☐ BLS

Years of Experience _____ OR Graduation Date _____

**Please refer to Specific Guidelines for Each Type of Application at: www.asatt.com

Office Use Only

ASATT Certification # _____

CE credits approved _____

Expiration date _____

1. Applicant:* _____

Address:* _____

2. Name and address of facility employed:* _____

3. Name of program provider:* _____

4. Date of program: Start: _____ End: _____

5. Total CE credits in program:* _____

6. Program Coordinator:* _____

Phone: _____ Email: _____ Website: _____

7. ☐ I give ASATT permission to release exam information to my Program Director.

8. Materials to submit with the application:

a. \$250 Non-Refundable Fee.

b. Copy of certificate of attendance issued by the provider. (If ASATT approved)

1. Continuing Education Pre-Approval form must be submitted if applicant is responsible for documenting credits.

c. Proof of current Cer. AT, ACLS & BLS certifications.

9. A total of 40 CE credits are needed for successful compliance as follows:

a. 10 CE credits: Foundational Science to include Anatomy, Pathophysiology, Physics and Pharmacology.

b. 10 CE credits: Advanced Principles of Anesthesia to include specialized surgical procedures and cases including: Pediatrics, Obstetrics, Trauma, Cardiac, Transplant and Regional Anesthesia.

c. 10 CE credits: Professional Aspects; Ethics, Scope of Practice, Regulatory Compliance and Safety.

d. 10 CE credits: Advanced Anesthesia Equipment, Instrumentation and Technology.

e. Documentation of current ACLS and BLS provider certification.

10. **Agreement:** By my signature below, I declare that all statements made in this application and in any accompanying materials are true to my knowledge. I understand that the program(s) must, at all times, be in compliance with the standards and criteria of the ASATT Continuing Education Program. Furthermore, any willful false statements made to the ASATT CE Committee may jeopardize the validity of this application and my receipt of approval for CE credit. I understand and accept that I am responsible for obtaining said CE credits from fully qualified providers within a 24 month period. Documentation of all required certifications must be submitted with this form.

Signature: _____ Date: _____

PAYMENT

☐ Make checks payable to ASATT and return with this form to:

ASATT 6737 W. Washington St., Suite 4270, Milwaukee, WI 53214

☐ Or pay by credit card: Return this form and an invoice will be sent to the email address you provide.

You can then pay online or call the ASATT Office at 414-295-9220 to pay over the phone. Please note: Credit card information sent via email will not be accepted.