

# 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 BLS & ACLS Certificates obtained through the American Heart Association or American Red Cross.

AMERICAN SOCIETY OF  
ANESTHESIA TECHNOLOGISTS  
AND TECHNICIANS

6737 W Washington St  
Milwaukee, WI 53214  
P: 414-295-9220  
F: 414-755-1346  
www.asatt.org

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

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.*

## PAYMENT

☐ **Make checks payable to ASATT and return with this form to:**  
ASATT 6737 W. Washington St., Suite 4210 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.

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