

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

7044 S 13th Street
Oak Creek, WI 53154
P: 414.908.4942
F: 414.768.8001
customer@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: _____