

# Refresher Program Application



AMERICAN SOCIETY OF  
ANESTHESIA TECHNOLOGISTS  
AND TECHNICIANS

ACLS     BLS     Proof of Previous Certification

*\*\*Please refer to Specific Guidelines for Each Type of Application at: [asatt.org](http://asatt.org).*

## Office Use Only

ASATT Code #: \_\_\_\_\_

CEUs Approved: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

1. Name: \_\_\_\_\_ Cert. #: \_\_\_\_\_ Member #: \_\_\_\_\_

Email: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

2. Certification Expiration Date: \_\_\_\_\_

3. Date of Program Start: \_\_\_\_\_

4. Total CEUs Required: \_\_\_\_\_

5. Current Employer: \_\_\_\_\_ Manager: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

6. Materials to submit with the application:

a. \$325 Non-Refundable Refresher Fee.

b. Proof of certification.

**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, failure to maintain such compliance, or any willful false statements made to the ASATT Recertification Committee may jeopardize the validity of this application and subsequent approval. I understand and accept that I am responsible for obtaining said CEUs from qualified providers.

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

**Credit Card:**    Visa    MasterCard    American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CCV Code: \_\_\_\_\_

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

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

Approval Date: \_\_\_\_\_ Approved By: \_\_\_\_\_