Anesthesia Technologist Examination Application

AMERICAN SOCIETY OF ANESTHESIA TECHNOLOGISTS AND TECHNICIANS

6737 W Washington St, Ste 4270
Milwaukee, WI 53214
P: 414-295-9220
F: 414-755-1346
www.asatt.org

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 a transcript that states the date the degree was conferred.
3. **– OR –** Currently certified anesthesia technician with certificate of completion from an ASATT approved advancement program.
4. Current BLS & ACLS Certificates accredited by the American Heart Association or American Red Cross.

**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 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.

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_____