

# 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: \_\_\_\_\_

## 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.