

Application for Provisional Recertification



Provisional Recertification Technician Technologist

**Please refer to Specific Guidelines for Each Type of Application at: www.asatt.com

Office Use Only

ASATT Code # _____

CE credits approved _____

Expiration date _____

1. Name: _____

Cert #: _____

Member #: _____

Address: _____

2. Certification Expiration Date: _____

3. Date of Program: Start: _____ End: _____

4. Total CE Credits Required: _____

5. Current Employer:* _____ Manager: _____

Phone: _____ Email: _____ Website: _____

6. Materials to submit with the application:

- a. \$200 Non-Refundable Provision Fee.
- b. Recertification Fee for the appropriate level:
- c. Proof of certification.

7. A total of 30 CE for Technician or 40 CE credits for Technologist are needed for successful compliance as follows:

- a. The applicant must follow the same requirements listed for the technician/technologist on the ASATT website, at the Certification tab under Recertification.
- b. Documentation of the required continuing education hours must be attached to the Remediation for Expired Certification Application
- c. Previously earned CE's will not be accepted for remediation purposes.
- d. All documentation must be completed prior to the December 31st deadline without exception, in order to maintain certification.

8. **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 CE credits from qualified providers.

9. **ASATT Agreement:** ASATT will continue to list applicant as certified upon approval of this application until December 31st or upon completion of the continuing education, applications, documentation and payment of fees are approved. Credentials will be verified as Provisionally Recertified until that time.

Signature: _____ Date: _____

Office Use Only

Fee Paid \$ _____

Check # _____ MO _____ Credit Card # _____ Exp. _____ Sec. Code _____

Signature: _____ Approval Date: _____