

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.*

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: _____