



906 Olive Street, Suite 1200, St. Louis, MO 63101-1448  
Telephone: (314)241-1445 • Fax: (314)241-1449  
E-mail: [abor@aab.org](mailto:abor@aab.org) • Web site: [www.aab.org](http://www.aab.org)

## Application for MT(AAB), ELS(AAB), ALS(AAB), and MLT(AAB) Certification

I am requesting certification as (check one):

- Medical Technologist [MT(AAB)]** as a **Generalist**, including Basic Knowledge, Chemistry, Hematology, Immunohematology, Immunology and Microbiology

OR

- MT(AAB) by Discipline** as follows (specify disciplines):
- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Chemistry  | <input type="checkbox"/> Microbiology          |
| <input type="checkbox"/> Hematology | <input type="checkbox"/> Immunohematology      |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Molecular Diagnostics |

OR

- an **Embryology Laboratory Scientist [ELS(AAB)]**
- an **Andrology Laboratory Scientist [ALS(AAB)]**

OR

- a **Medical Laboratory Technician [(MLT(AAB))]** as a **Generalist**, including Basic Knowledge, Chemistry, Hematology, Immunohematology, Immunology and Microbiology

This is a Sample Application for Certification for your information and reference. **Only applications completed online will be accepted for review.** You may use this sample application as a guide or reference when completing the application online. Complete the online application for certification at [www.aab.org](http://www.aab.org). Click on **ABOR Certification**. If you have any questions, contact:

**AAB Board of Registry**

906 Olive Street, Suite 1200, St. Louis, MO 63101-1448  
Telephone: (314)241-1445 • Fax: (314)241-1449  
Email: [abor@aab.org](mailto:abor@aab.org) • Website: [www.aab.org](http://www.aab.org)

**All items must be completed.** Please designate "not applicable" where necessary.

**All applicants must provide information to verify employment.** Employment history, including place of employment, employer's mailing address, name of laboratory director, position(s) held and duties must be provided for past and present employers.

**Academic transcripts (U.S. and international) must be forwarded to the AAB Board of Registry Office directly from the issuing institution and must be official and contain the seal of the educational institution.**

**This application must be notarized.**

**Failure to provide the foregoing will only delay your application.**

**Certification Application and Examination Fees:** Application fees are non-refundable. Examination fees are refundable if the examination is cancelled sufficiently in advance. A list of fees is included in this application.

**Limit: Two reexaminations.** Applicants who have failed an AAB Board of Registry examination three times may reapply for certification two years after the date of the last failed examination.

**EXAMINATIONS:** All applicants for certification [ELS(AAB), ALS(AAB), MT(AAB)/MLT(AAB)] must pass the appropriate AAB Board of Registry examination(s).

The list of prerequisites for examination, certification and registration by the AAB Board of Registry are listed on AAB's website at [www.aab.org](http://www.aab.org) or in the AAB Board of Registry's *Certification Standards* brochure. These requirements do not discriminate against any individual or group of individuals on the basis of race, color, sex, religion or source of national origin. All applications are reviewed and evaluated individually by the AAB Board of Registry.

**Application for MT(AAB), ELS(AAB), ALS(AAB) and MLT(AAB) Certification  
 Certification Application and Examination Fees**

Application fees are non-refundable. Examination fees are refundable if the examination is cancelled sufficiently in advance. The fees are listed below.

	<u>Fees</u>	
<b><u>APPLICATION FEES</u></b>		
MT(AAB), ELS(AAB), ALS(AAB) or MLT(AAB) certification.....	\$95.00	
Additional discipline(s) after the initial MT(AAB), ELS(AAB) or ALS(AAB) certification .....	\$80.00	per application (new application must be submitted)
Upgrade Fee .....	\$95.00	

<b><u>EXAMINATION FEES</u></b>		
MT(AAB) or MLT(AAB) <b>Generalist</b> .....	\$135.00	(includes basic knowledge, chemistry, hematology, immunology, immunohematology and microbiology)
MT(AAB), ELS(AAB) or ALS(AAB) Exam <b>by Discipline</b> .....	\$85.00	(first examination)
<b>PLUS</b> .....	\$45.00	(per each additional examination taken <b>on the same day</b> . Maximum is 4 examinations in one day.)

<b><u>RE-EXAMINATION FEES</u></b>		
MT(AAB) or MLT(AAB) <b>Generalist</b> .....	\$135.00	(includes basic knowledge, chemistry, hematology, immunology, immunohematology and microbiology)
MT(AAB), ELS(AAB) or ALS(AAB) Exam <b>by Discipline</b> .....	\$85.00	(first examination)
<b>PLUS</b> .....	\$45.00	(per each additional examination taken <b>on the same day</b> . Maximum is 4 examinations in one day.)

**PROCTORING FEES**

For group and individual examinations proctored by the AAB Board of Registry, the proctoring fee is \$25 per individual per day. For individual examinations proctored at a college or university testing center, the individual is responsible for paying the college's/university's proctoring fee. These fees vary and should be paid directly to the college or university.

**PAYMENT METHOD:**

Please charge my credit card:  Discover Card  MasterCard  VISA  American Express

Cardholder's Signature \_\_\_\_\_

Print Name As It Appears On Card \_\_\_\_\_

<b>Total Fees Enclosed \$</b> _____
-------------------------------------

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVC \_\_\_\_\_  
Card Verification Code

PLEASE PRINT OR TYPE

Social Security No.    -   -

If no SS#, indicate Passport number: \_\_\_\_\_ Country \_\_\_\_\_

1. Name \_\_\_\_\_  
Last First Middle

2. All Prior Names \_\_\_\_\_

3. Home Address \_\_\_\_\_  
Street & Number  
\_\_\_\_\_  
City State Zip Code

Telephone: Please check the box in front of the telephone number at which you can be reached during daytime hours.

Home: \_\_\_\_\_  Business: \_\_\_\_\_  Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Business \_\_\_\_\_  
Name of Organization Your Position or Title  
\_\_\_\_\_  
Business Address Business Telephone  
\_\_\_\_\_  
City State Zip Code

5. Please indicate where mail is to be sent  Home Address  Business Address

6.  Male  Female Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City, State, Country

7a. Are you now, or have you ever been suspended or excluded from participation in Medicare, Medicaid or other federal or state health care programs?  YES  NO

7b. Are you now, or have you ever been the subject of a state proceeding that has resulted in the loss or suspension of a professional license or certification, or other action that has precluded you from providing clinical laboratory services?  YES  NO

7c. If the answer to either of the above questions is "Yes," provide complete details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Education** - Degrees earned in the United States must be from a college, university or other institution accredited by an accreditation organization recognized by the U.S. Office of Education. All degrees received from educational institutions outside the United States must be evaluated for equivalency by an agency acceptable to the AAB Board of Registry (ABOR). A list of approved equivalency agencies can be found on the back of this application. A detailed report of course-by-course evaluation is required. Be sure to check with the agency to ensure that this service is offered before requesting an evaluation. **Evaluations from approved agencies must be forwarded to the AAB Board of Registry directly from the issuing agency and must be official.** Fees for such an evaluation shall be borne by the applicant. A list of acceptable agencies is enclosed with this application.

Academic transcripts must be forwarded to the AAB Board of Registry directly from the issuing institution and must be official and contain the seal of the educational institution.

Institution Name (High School, College, Univ., etc.)	Location	Dates Attended	Fields of Specialization		Degree And Year Received
			Major Subject	Minor Subject	

9. Other schooling or training pertinent to the clinical laboratory.

Institution Name	Location	Dates Attended	Types Of Course (Give Details)	Completed Or Not

10. Did you pass the HHS (formerly HEW) Proficiency Examination?  Yes  No

If yes, attach a copy of your HHS clinical laboratory technologist (CLT) card.

If you lost your HHS card and wish to obtain a replacement, contact: Jay Powell, Professional Examination Service, at phone: (212)367-4341, email: jpowell@proexam.org.

11. Work experience in the clinical laboratory. You may obtain experience in specialties concurrently. Part-time experience may be prorated on the basis that 2,080 hours equal one year of full-time experience. Below, list your years of experience according to position held. Please indicate if your work experience was on human specimens and whether it was for clinical use or research.

Disciplines	Years As Technologist	Years As Technician	Testing (check which applies)				
			Specimens		Experience		
			Human	Animal	Clinical	Research	
<b>Chemistry</b>	From:						
	To:						
<b>Hematology</b>	From:						
	To:						
<b>Immunochemistry</b>	From:						
	To:						
<b>Immunology</b>	From:						
	To:						
<b>Microbiology</b>	From:						
	To:						
<b>Molecular Diagnostics</b>	From:						
	To:						
<b>Andrology</b>	From:						
	To:						
<b>Embryology</b>	From:						
	To:						

**12. Employment History:** List below employment history beginning with present employment. Attach additional sheets as necessary.

1. From: _____ To: _____ (Present Time) (Month, Day, Year)	Position(s) held and dates: _____ _____ _____
Name and Address of Institution, Organization, Employer, etc. _____ _____ _____	Laboratory Director: _____ Full Name and Title: _____ _____ Degrees: _____ _____

Briefly state your duties, responsibilities, and activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. From: _____ To: _____ (Month, Day, Year) (Month, Day, Year)	Position(s) held and dates: _____ _____ _____
Name and Address of Institution, Organization, Employer, etc. _____ _____ _____	Laboratory Director: _____ Full Name and Title: _____ _____ Degrees: _____ _____

Briefly state your duties, responsibilities, and activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. From: _____ To: _____ (Month, Day, Year) (Month, Day, Year)	Position(s) held and dates: _____ _____ _____
Name and Address of Institution, Organization, Employer, etc. _____ _____ _____	Laboratory Director: _____ Full Name and Title: _____ _____ Degrees: _____ _____

Briefly state your duties, responsibilities, and activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. Employment History,** continued

4. From: _____ To: _____ <small>(Month, Day, Year) (Month, Day, Year)</small>	Position(s) held and dates: _____ _____ _____
Name and Address of Institution, Organization, Employer, etc. _____ _____ _____	Laboratory Director: _____ Full Name and Title: _____ _____ Degrees: _____ _____

Briefly state your duties, responsibilities, and activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13. The following statement must be signed and notarized:**

I, \_\_\_\_\_, being duly sworn, depose and say that I completed application ID# \_\_\_\_\_ to the AAB Board of Registry for certification as a(n) \_\_\_\_\_; that I have made and read the contents hereof; and that to the best of my knowledge, information and belief, the answers and statements provided are true.

In making this application to the AAB Board of Registry for the issuance to me of a certificate, in accordance with all rules governing the AAB Board of Registry, I understand and agree that in the event of any misstatement or misrepresentation in said application, I am subject to the forfeiture or suspension of my certificate or refusal to issue a certificate at the sole discretion of the AAB Board of Registry. I further agree to hold harmless the AAB Board of Registry or any of its officers or agents from any potential liability the AAB Board of Registry or any of its officers or agents may have with respect to the application, including, but not limited to, failure to issue, revocation, or any other matter relative to this application or the certificate.

\_\_\_\_\_  
 Applicant Signature \_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Notary Public Signature

Notary Public in and for the State of \_\_\_\_\_

My Commission expires \_\_\_\_\_ 20 \_\_\_\_\_

- 14. Confidentiality Statement.** All materials and information submitted regarding an application will be kept confidential. No material or information will be released except upon written authorization by the applicant or as required by law. However, the AAB Board of Registry will confirm whether or not an individual is certified without prior written permission of the certificant.

**Release of Member/Applicant Information** — AAB Associate Member Section/AAB Board of Registry Applicant must submit authorization in writing to the AAB office indicating what information is to be released and to whom the information is to be released.

- 15.** Falsifying, misrepresenting, or misstating information submitted as part of, or in addition to, an application shall be grounds for denying, revoking or suspending certification.

Falsifying, misrepresenting, or misstating information regarding an individual's certification, including the disciplines in which an individual is certified or the status of an individual's certification, shall be grounds for denying, revoking or suspending certification.

AAB Board of Registry certification may be denied, revoked or suspended at the discretion of the AAB Board of Registry upon a finding by the Board that the certificant does not possess the character or fitness suitable for AAB Board of Registry certification. Grounds for denial, revocation or suspension include, but are not limited to, conviction of a felony or of a health care offense; sanctioning by a federal or state governmental body; an act of moral turpitude; falsifying, misrepresenting, or misstating information submitted on or with an application for certification; falsifying, misrepresenting, or misstating information regarding an individual's certification; or illegal residency.

**Please allow a minimum of six to eight weeks to process your application** because receipt of documentation, such as transcripts and employer verifications, takes time. Contact the AAB Board of Registry to ask about the status of your application. However, decisions made by the Board with regard to your application will only be conveyed by formal written correspondence from the AAB Board of Registry, not by telephone.



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## Equivalency Evaluations For International Academic Credentials

All degrees received from educational institutions outside the United States must be evaluated for equivalency by an agency acceptable to the AAB Board of Registry (ABOR).

**A detailed report of course-by-course evaluation is required.** Be sure to check with the agency to ensure that this service is offered before requesting an evaluation.

Evaluations from approved agencies **MUST** be forwarded directly **FROM** the issuing agency and **MUST** be official. **Fees for such an evaluation shall be borne by the applicant.**

In addition, you must also have your school/college/university forward an official transcript directly to the AAB Board of Registry office.

A list of acceptable agencies appears below. Check the AAB website for an updated list, or call the AAB office for an up-to-date printed list.

### **Josef Silny & Associates, Inc.**

International Education Consultants  
7101 S.W. 102nd Avenue  
Miami, FL 33173  
Phone: (305)273-1616 • Fax: (305)273-1338  
Email: info@jsilny.com  
Website: www.jsilny.com

### **American Association of Collegiate Registrars and Admissions Officers (AACRAO)**

Office of International Education Services  
One Dupont Circle, NW, Suite 520  
Washington, DC 20036-1135  
Phone: (202)296-3359 • Fax: (202)822-3940  
Email: ies@aacrao.org  
Website: www.aacrao.org

### **Educational Credential Evaluators, Inc.**

P.O. Box 51470  
Milwaukee, WI 53203-3470  
Phone: (414)289-3400 • Fax: (414)289-3411  
Email: eval@ece.org  
Website: www.ece.org

### **Foundation for International Services, Inc.**

14926 35th Avenue West, Suite 210  
Lynwood, WA 98087  
Phone: (425)248-2255 • Fax: (425)248-2262  
Email: info@fis-web.com  
Website: www.fis-web.com

### **International Consultants of Delaware, Inc.\***

PO Box 8629  
Philadelphia, PA 19101-8629  
Or  
3600 Market Street, Suite 450  
Philadelphia, PA 19104  
Phone: (215)222-8454, ext. 510 • Fax: (215)349-0026  
Email: icd@icdel.com  
Website: www.icdel.com

### **International Education Research Foundation, Inc.**

P.O. Box 3665  
Culver City, CA 90231-3665  
Phone: (310)258-9451 • Fax: (310)342-7086  
Website: www.ierf.org

\*Formerly located at: International Consultants of Delaware, Inc.,  
625 Barksdale Road, Suite 109, Newark, DE 19711

## Checklist For Applicants

Please Check This List Before Sending In Your Application

### Have You -

- Completed and signed the application?
- Had the application notarized?
- Paid fees?
- Attached a **copy** of the "transcript request form" you forwarded to your college or medical school?
- Attached a copy of your HHS (formerly HEW) card if you passed the HHS (HEW) Proficiency Examination?
- FOR GRADUATES OF SCHOOLS OUTSIDE THE UNITED STATES - Had your transcripts evaluated by an agency approved by the AAB Board of Registry?
- Enclosed documentation verifying your continuing education activities if you are applying to upgrade from POLT(AAB) to MLT(AAB) by having four years of experience and six CEUs?