



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

Application for POLT(AAB) and PBT(AAB) Certification

FOR OFFICE USE ONLY

NAME _____
ID# _____ DATE REC'D _____
CK # _____ CK DATE _____ CK AMT \$ _____
APP FEE \$ _____ EXAM FEE \$ _____

I am requesting certification as a (check one):

- ☐ Physician Office Laboratory Technician (POLT)
☐ Phlebotomy Technician (PBT)

I am requesting reinstatement of my certification as a (check one):

- ☐ Physician Office Laboratory Technician (POLT)
☐ Phlebotomy Technician (PBT)

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. Click on **AAB BOR 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: ams@aab.org • Website: 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. Applicants for certification must also provide copies of documentary evidence of professional training, state or local licenses, societal certifications, etc.

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. The list of fees appears on the back of 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 [POLT(AAB)/PBT(AAB)] must pass the appropriate AAB Board of Registry examination.

The list of prerequisites for examination, certification and registration by the AAB Board of Registry are listed on AAB's web site at 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.

Please allow six to eight weeks to process your application. Normal processing takes six to eight weeks, but receipt of documentation such as transcripts and employer verifications can sometimes take longer. Contact the AAB Board of Registry anytime 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.

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: () _____ ☐ Work: () _____

Fax: () _____ E-mail: _____

4. Work _____
Name of Organization Your Position or Title

Work Address

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. High School (or equivalent) – Academic transcript(s) and/or GED certificate(s) must be official and contain the seal of the issuing institution and must be forwarded to the AAB Board of Registry from the issuing institution.

Name Of School	Location	Dates Attended	Fields Of Specialization		Degree And Year Received
			Major Subject	Minor Subject	

9. Clinical laboratory training program – Transcript(s) must be official and contain the seal of the issuing institution and must be forwarded to the AAB Board of Registry from the issuing institution.

Institution	Location	Dates	Type of Training Program (Give details)	Completed Or Not

- 10. 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:

- 11. 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.

- 12.** 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.

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____

Official Stamp or Seal of Notary

CERTIFICATION FEES

Physician Office Laboratory Technician (POLT)

POLT Application for Certification \$70.00
POLT Examination \$70.00
POLT Reexamination \$70.00

Phlebotomy Technician (PBT)

PBT Application for Certification \$50.00
PBT Examination \$30.00
PBT Reexamination \$30.00

PAYMENT METHOD:

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

Cardholder's Signature _____

Print Name As It Appears On Card _____

Total Fees Enclosed \$ _____

Credit Card # _____ Exp. _____ CVC _____

Card Verification Code