

# ABB ANDROLOGY LABORATORY DIRECTOR CERTIFICATION APPLICATION FORM

If you are interested in becoming certified as an Andrology Laboratory Director (ALD), please complete this application form and return it to the ABB office.

- YES**, I am currently certified as a High-complexity Clinical Laboratory Director (HCLD).  
 **YES**, I have passed the ABB examination in Andrology.

**If you do not meet the above requirements you will not be eligible for ALD certification.**

- YES**, I would like to be certified as an Andrology Laboratory Director (ALD).

Name (please print) \_\_\_\_\_

Mailing Address (Please check [] preferred mailing address in box provided):

**Work:**  
 Company \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_  
 Fax (\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Web Site \_\_\_\_\_

**Home:**  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_  
 Fax (\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Web Site \_\_\_\_\_

To be certified as an Andrology Laboratory Director (ALD) requires the payment of a \$115 "Certification Fee."

- Required Payment: \$115 "Certification Fee"**

**Method of Payment:**  Check or Money order made payable to ABB.  Credit Card

Charge my:  American Express  Mastercard  Visa  Discover

Account No. \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_  
MO. YR.

Cardholder Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

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

Office Use Only: <input type="checkbox"/> HCLD certified. <input type="checkbox"/> Passed Andrology examination.	Verified by: _____ Date: _____
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