



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

Application for MT(AAB), ELS(AAB), ALS(AAB) MDxT(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 | |

OR

- an **Embryology Laboratory Scientist [ELS(AAB)]**
- an **Andrology Laboratory Scientist [ALS(AAB)]**
- a **Molecular Diagnostics Technologist [MDxT(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. Click on **ABOR Certification**. If you have any questions, contact:

AAB Board of Registry

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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 on CLIA certificate, 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.

The application must be notarized, with your legal signature.

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 eighteen (18) months after the date of the last failed examination and retake the examination twenty-four (24) months after the date of the last failed examination.

EXAMINATIONS: All applicants for certification [MT(AAB), ELS(AAB), ALS(AAB), MDxT(AAB), or 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 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), MDxT(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. [Click here for application, examination, and proctoring fees.](#)

PLEASE PRINT OR TYPE

Social Security No. - -
If no SS#, indicate Passport number: _____ Country _____

1. Legal/Formal Name (no nicknames) _____
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

6a. Check one (response optional): Male Female

6b. Date of Birth (response required): _____ Place of Birth _____
City, State, Country

7a. Are you now, or have you ever been suspended, excluded, placed on probation, or otherwise restricted or sanctioned 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, revocation, suspension, probation, or restriction of a professional license or certification, or other action that has precluded you from, or restricted you in, providing clinical laboratory services? YES NO

7c. Have you ever withdrawn, resigned, or otherwise relinquished any professional license, certification, or privileges due to, or to avoid, pending or threatened disciplinary proceedings or sanctions? YES NO

7d. If the answer to any 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.

11. Work experience in the clinical laboratory (exclude research experience). 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.

Disciplines	Years As Technologist	Years As Technician	Testing (check which applies)		Clinical Experience <small>Defined as testing a human specimen for diagnosing, treating, monitoring, screening, or evaluating a human patient</small>
			Specimens		
			Human	Animal	
Chemistry From: To:					
Hematology From: To:					
Immunochemistry From: To:					
Immunology From: To:					
Microbiology From: To:					
Molecular Diagnostics From: To:					
Andrology From: To:					
Embryology From: To:					

12. Do you have clinical laboratory experience?

Yes No

13. **Clinical Laboratory Employment History:** List below clinical laboratory employment history beginning with present employment. Attach additional sheets as necessary.

1. From: _____ To: _____ (Month, Day, Year) (Present Time)	Position(s) held and dates: _____ _____ _____
Name and Address of Institution, Organization, Employer, etc. _____ _____ _____	Laboratory Director: _____ (Name as it appears on CLIA certificate.) 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: _____ (Name as it appears on CLIA certificate.) 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: _____ (Name as it appears on CLIA certificate.) 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: <small>(Name as it appears on CLIA certificate.)</small> 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 Legal/Formal Signature (no nicknames) _____
 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.

Once the AAB Board of Registry office has received all the required documentation, your application will be forwarded to the Board for review. The length of time to process your application will vary depending on receipt of documentation, such as transcripts and employer verifications. Decisions made by the Board with regard to your application will only be conveyed by formal written correspondence from the AAB Board of Registry office. **No Board decisions with regard to your application will be shared 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

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@icdeval.com
Website: www.icdeval.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