

**AMERICAN EMBRYO TRANSFER ASSOCIATION
CERTIFICATION PROGRAM**

Application for Certification

Business Name: _____

Address: _____

Telephone: _____

Email (required): _____

The above named Embryo Transfer Business (ETB) hereby applies for certification by the American Embryo Transfer Association (AETA). The undersigned has read the AETA Certification Program description and warrants that the ETB meets all criteria for certification except the demonstrated professional competency criterion. The following practitioners, employed by the ETB and eligible to sit for the competency examination, hereby apply to take that examination.

*Names(s) of Applicants:	Location:	**Degree:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**for Ph.D. Candidates: Include the following with application:

- | | |
|---|--|
| 1. Department issuing Ph.D. degree | 3. Names of committee and areas of emphasis |
| 2. Name of chairman of committee and area of emphasis | 4. Area of emphasis of study of by applicant |

Client References:

Name:	Address:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of years company has been in embryo transfer business: _____ years.

During last 12 months number of donors collected _____, embryos frozen _____, embryos transferred _____,

Number of embryos commercially handled annually by ETB:

Collected _____

Frozen (for others) _____

Total handled by ETB _____

Key Personnel:

Name:	Position:	Location:	Degree:
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_____	_____	_____	_____
_____	_____	_____	_____

Number of Employees: _____

Type of Firm or Institution:

Commercial embryo transfer company _____

Private practice _____

University _____

Breed Association _____

Other _____

Services Offered

Collection & transfer of embryos in clinic _____

Collection of embryos on farm _____

Transfer of embryos on farm _____

Surgical transfer _____

Nonsurgical transfer _____

Cryopreservation of embryos _____

Splitting of embryos _____

Determination of sex of embryos _____

Collection & sales of semen _____

Sales & service of cryopreservation equipment _____

Manufacture & sales of drugs for superovulation,etc. _____

IVF procedures _____

Ultrasound _____

Other _____

Embryos Sales:

Sales of fresh embryos _____

Sales of frozen embryos _____

Sales to domestic market _____

Sales to international market	_____
Species	
Cattle	_____
Horses	_____
Sheep or goats	_____
Swine	_____
Other	_____

- Enclosed are the :
- 1) 3 photos of facilities & equipment
 - 2) Photocopies of the advanced degrees
 - 3) Check for examination fee*
 - 4) Copy of license
 - 5) A copy of your AB, AC or ABC forms to document that you meet the requirements for the number of flushes (50), the number of embryos handled (250) of which at least 100 were frozen and 100 transferred.

The ETB shall provide, upon the request of the CAO, other evidence that it meets the requirements of the AETA Certification.

Signed: _____

Title: _____

Date: _____

*Fee Schedule: \$300.00 for 1st AETA member firm representative at each business site location listed.
 \$300.00 for 1st non-member firm representative at each business site location listed.

Mail to: AETA Certification Program
 1800 South Oak Street, Suite 100
 Champaign, IL 61820