



American Embryo Transfer Association

**AMERICAN EMBRYO TRANSFER ASSOCIATION
CERTIFICATION PROGRAM**

Application for Certification

Practitioner name: _____

Address: _____

Degree**: _____

Phone: _____

E-mail (required): _____

The above-named practitioner hereby applies for certification by the American Embryo Transfer Association (AETA). The undersigned has read the AETA Certification Program description and warrants that the practitioner meets all criteria for certification.

**For PhD candidates, please include the following with your application:

- | | |
|---|---|
| 1. Department issuing PhD degree | 2. Name of committee chair and area of emphasis |
| 3. Names of committee members and areas of emphasis | 4. Area of emphasis of study by applicant |

Client References:

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

Email or mail the completed application to: aeta@assochq.org

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

Collection and sales of semen
 Sales and service of cryopreservation equipment
 Manufacture and sales of drugs for superovulation, etc.
 OPU collections
 On-site IVF lab
 Ultrasound
 Other

Embryos Sales:

Sales of fresh embryos
 Sales of frozen embryos
 Sales to domestic market
 Sales to international market

Species (check all that apply):

Cattle
 Horse
 Sheep or goats
 Swine
 Other

- Please enclose:
- 1) Three photos of facilities and equipment
 - 2) Photocopies of advanced degree(s)
 - 3) Check for examination fee in the amount of \$300.00
 - 4) Copy of license
 - 5) A copy of your AB, AC, or ABC forms to document that you have performed a minimum of 50 embryo recoveries and handled 250 embryos, of which at least 100 were transferred to recipient females and at least 100 were frozen within the last 12 months. At least 25 of the collections must be superovulated conventional embryo transfer collections. The additional 25 could be either superovulated conventional conventional collections or embryo production attempts following in vitro (OPU) collection sessions.

The practitioner shall provide, upon the request of the CAO, other evidence that they meet the requirements for AETA Certification.

Signed: _____

Title: _____

Date: _____