

## AMERICAN EMBRYO TRANSFER ASSOCIATION CERTIFICATION PROGRAM

## **Application for Certification**

Practitioner name:			
Address:			
_			
Degree**:			
Phone:			
E-mail (required):			
	he undersigned has rea		rican Embryo Transfer rogram description and warrants
**For PhD candidates, ple	ease include the following	g with your application:	
1. Department issuing PhD degree		2. Name of committee chair and area of emphasis	
3. Names of committee members and		4. Area of emphasis of study by applicant	
areas of emphasis			
Client References:			
Name:	Address:		Phone:
		_	
Email or mail the compl	eted application to:	aeta@assochq.org	
		AETA Certification Progr	ram
		1800 South Oak Street, Su	uite 100
		Champaign, IL 61820	

(Rev. 8/2020)

Number of super ovulated donors collected in last 12 months:	
Number of conventional (in vivo) donor collections:	
Number of OPU (in vitro) donor collections:	
Number of embryos collected or resulting from these collections:	
Number of embryos frozen by you personally or under your direct supervision from these collections:	
Number of embryos you personally transferred from these collections at the time of collection:	
In addition to those embryos transferred from the above donors at the time of collection, number of additional embryos transferred during the past 12 months from other sources:	
Location and Date of Colleague Visit*:	
Date of colleague visit:	
Host practitioner:	
*Colleague visit form must accompany application if not previously	submitted to the AETA office.
Type of Firm or Institution:	
Commercial embryo transfer company	
Private practice	
University	
Breed association	
Other	
Services Offered:	
Collection and 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 and	I sales of semen
Sales and serv	ice of cryopreservation equipment
Manufacture a	and sales of drugs for superovulation, etc.
OPU collectio	ns
On-site IVF la	b
Ultrasound	
Other	
Embryos Sales:	
Sales of fresh	embryos
Sales of frozer	n embryos
Sales to domes	stic market
Sales to intern	ational market
Species (check all	I 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 requirements for AETA Cert	e, upon the request of the CAO, other evidence that they meet the ification.
Signed:	
Title:	

Date: