



American Embryo Transfer Association

## Colleague Visit Reporting Form

Date of visit: \_\_\_\_\_

Host Practitioner: \_\_\_\_\_

AETA member #: \_\_\_\_\_ IETS Freeze Code #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Visiting Practitioner: \_\_\_\_\_

AETA Member #: \_\_\_\_\_ IETS Freeze Code #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

To meet requirement for 5 CE credits, the visit is required to be at least 1 business day in duration and an attempt to observe an embryo recovery/processing procedure should be included. Was that requirement met?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Host Practitioner: \_\_\_\_\_

Signature of Visiting Practitioner: \_\_\_\_\_