



**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:

_____	_____	_____
_____	_____	_____
_____	_____	_____



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 meet the requirements for the number of flushes or IVF procedures and at least 100 embryos frozen and 100 transferred.

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

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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