

Technician Certification Application Form

The following application form must be typed or legibly printed in ink. Application forms must be completed accurately and according to instructions. Illegible applications will be rejected and applicants will be notified by mail. If you have any questions about completing this application, please contact AALAS' Certification Department at (901) 754-8620 or e-mail certification@aalas.org.

Reapplication: If this is a repeat application for an exam at the same certification level and you are applying within a year of failing that exam, you need only complete and submit the payment page (pg 1) and the information page (pg 2) of the application. However, if you are reapplying after one year from the date of your last exam, you must resubmit the entire application.

▶ Exam Format

Please indicate which of the following exam formats you are requesting. (Mark only one. A \$75 processing fee will be required when requesting a change in exam format.)

- Computer-based
- Pencil-and-paper**

Please indicate date and location of the exam: _____

***The pencil-and-paper exam is offered once yearly during the AALAS National Meeting. Your application must be received by AALAS at least 6 weeks prior to the start date of the National Meeting. Exact date and location of the exam will be announced closer to the meeting dates. At other venues, additional fees will be applied.*

▶ Special Accommodations

Are you requesting special testing arrangements due to physical impairment or documented disability?

- Yes No

If yes, you must include with this application an official letter and documentation of your disability as defined by the Americans with Disability Act and details of the accommodations being requested. For details on special accommodations testing, refer to the section called "Candidates with Disabilities." AALAS requires written documentation of the candidate's disability from a qualified medical professional or certified counselor.

Exam Scheduling: You will receive instructions to schedule your exam after your application is approved.

Exam Cancellation Policy: For each Candidate who reschedules, cancels, arrives late or does not appear for a scheduled Test during the Cancellation/Reschedule Period set forth below, Prometric shall be entitled to the following Cancellation/Rescheduling Fees:

Cancellation/Reschedule Period	Fee
30 or more days before Test date	none
5-29 days before scheduled Test date	\$25 (to be collected by Prometric from the Candidate)
a) less than 5 days before Test date, or b) fails to appear for a scheduled Test, or c) presents himself/herself more than 15 minutes after the scheduled start time for taking the Test and is refused admission	The full Candidate Testing Fee for the cancelled/rescheduled Test.

Refund Policy: AALAS will retain a processing fee (\$25 for AALAS members, \$75 for nonmembers) on all refunds for certification applications (issued prior to authorization) and refund the balance. No refunds will be issued after authorization is sent, no exceptions will be made.

Change of Exam Format: A \$75 fee will apply for candidates requesting a change in exam format.

Processing of applications will take 4-6 weeks, at which time you will receive your authorization to test letter.

▶ Payment Information

Candidate's AALAS Member # _____

In order for the processing fee to be waived, your AALAS national membership must be current when submitting this form to AALAS.

Which exam are you applying to take?

- Assistant Laboratory Animal Technician..... \$155
- Laboratory Animal Technician..... \$205
- Laboratory Animal Technologist..... \$255

Additional Fees

- Processing Fee (nonmembers only)\$75
Processing fee waived for AALAS members.

Extension Fee (check one)..... \$75

- ALAT
- LAT
- LATG

Extensions must be requested and paid for within 6 months of your original end date.

Total Enclosed.....\$ _____

- Check (Number: _____) Money Order VISA
- American Express MasterCard Discover

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Account Number—please include all digits

Month	Year																		

Expiration Date

For your protection, credit card information sent to AALAS via email is deleted immediately. Please submit your credit card information via a secure means such as fax (901-334-5156), website (www.aalas.org) or mail (AALAS, 9190 Crestwyn Hills Dr., Memphis, TN 38125).

Cardholder name: _____
(print name exactly as it appears on card)

Cardholder's AALAS Member # _____

Billing address: _____

City: _____ State: _____ Zip: _____

Cardholder Phone Number: _____

Country: _____

Signature: _____

- I would like a receipt emailed to: _____

Make checks payable to: **AALAS**. Return this form, the necessary documentation, and your **entire** exam fee to: AALAS, 9190 Crestwyn Hills Dr., Memphis, TN 38125-8538 or fax to 901-334-5156. If submitting by fax, please fax the payment page **only once** to avoid duplication of credit card charge.

▶ Candidate Information

1. **Exam level:** Please indicate which exam you wish to take.
 ALAT LAT LATG

2. **Current certification:** Check the highest AALAS certification, if any, that you currently hold.
 ALAT LAT year received _____

3. **Applicant status:** (mark only *one* box)
 First-time exam applicant
 Repeat exam applicant
 Date of most recent exam attempt: _____

4. **Name:** Print your name on this application exactly as it appears on the photo ID you will use to test (a valid driver’s license, a state or government-issued ID, or a passport).

 Mr. Ms. Dr. First name _____

 Last name _____

 Prior name _____

5. **Home address*** _____

 City _____ State ____ Zip _____

6. **Home phone** _____

**All correspondence will be mailed to the home address listed unless otherwise requested. Authorization to Test letters will be faxed to the number provided and mailed to your home address.*

7. **Place of employment** _____

8. **Job title/position** _____

9. **Work address** _____

 City _____ State ____ Zip _____

10. **Work phone** _____

11. **Fax*** _____

12. **Email** _____

13. **Facility contact person** (i.e., training coordinator, supervisor)

14. **Phone** _____

15. **Email** _____

16. Are you a national member of AALAS?
 Yes No Membership # _____

17. **Eligibility Level:** A complete listing of the eligibility requirements for each examination level is presented below. Please check the appropriate Eligibility Level box (mark only one box) next to the requirement you meet for the level of exam you wish to take.

*IMPORTANT NOTE: You must meet the eligibility requirement you select. Documentation of all work experience and education¹ must be attached to your completed application. All documentation not originally in English must be translated into English. Incomplete applications will not be accepted. 1950 hours of work is equivalent to 1 year of work experience. The CRB allows for experience in non-laboratory animal environment (up to 3 years) to be applied to the required work experience using the following equation:
0.5 years in a non-lab animal environment = 1 month of lab animal experience. For more details, see pages 4-5 of the handbook.*

ALAT Exam (Must meet *one* of the following requirement categories.)

- | |
|--|
| <input type="checkbox"/> No high school diploma or GED plus 2 years laboratory animal science experience |
| <input type="checkbox"/> HS diploma or GED plus 1 year laboratory animal science experience |
| <input type="checkbox"/> Any college degree of 2 or more years plus 0.5 years laboratory animal science experience |

LAT Exam (Must meet **one** of the following requirement categories.)

- | |
|--|
| <input type="checkbox"/> HS diploma or GED plus 3 years laboratory animal science experience |
| <input type="checkbox"/> Any AA/AS degree plus 2 years laboratory animal science experience |
| <input type="checkbox"/> Any BA/BS or higher degree plus 1 year laboratory animal science experience |
| <input type="checkbox"/> ALAT certification plus HS diploma/GED or college degree plus 0.5 years laboratory animal science experience <i>after</i> receiving ALAT certification |
| <input type="checkbox"/> ALAT certification without HS diploma/GED or any college degree plus 2 years laboratory animal science experience <i>after</i> receiving ALAT certification |

LATG Exam² (Must meet *one* of the following requirement categories.)

- | |
|---|
| <input type="checkbox"/> HS diploma or GED plus 5 years laboratory animal science experience |
| <input type="checkbox"/> Any AA/AS degree plus 4 years laboratory animal science experience |
| <input type="checkbox"/> Any BA/BS or higher degree plus 3 years laboratory animal science experience |
| <input type="checkbox"/> LAT certification plus HS diploma/GED or college degree plus 0.5 years laboratory animal science experience <i>after</i> receiving LAT certification |

¹ Documentation must be provided for all diplomas/degrees. Non-U.S. diplomas/degrees will be evaluated for equivalency and may be referred to the CRB. Acceptable documentation includes: a copy of diploma, a copy of transcripts or an official letter from the educational institution that states graduation date and type of degree earned. Until the proper documentation and fees are submitted, your application will not be processed. All documentation not in English must be translated into English and notarized.

² Applicants must have a high school diploma or GED to be eligible to take the LATG exam.

Verification of Work Experience Form

Submit a separate Work Experience Form for each place of employment.

▶ Section I: Work Experience Information

To be completed by applicant. This form is required to be filled out completely (no blanks) and submitted with your completed AALAS Certification Exam Application. A separate form must be signed by the supervisor at each facility where you are claiming work experience.

Facility/Institution _____

Applicant's Name (first, middle initial, last) _____

Applicant's Job Title _____

Description of applicant's animal care duties; mark all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Animal care and husbandry | <input type="checkbox"/> Occupational safety or biohazard management |
| <input type="checkbox"/> Animal health observation, monitoring, or treatment | <input type="checkbox"/> Pre- or post-operative monitoring or care |
| <input type="checkbox"/> Animal room sanitation or maintenance | <input type="checkbox"/> Procedure development (SOPs, protocol preparation, reports, etc.) |
| <input type="checkbox"/> Cage or equipment washing | <input type="checkbox"/> Procurement or receipt of animals |
| <input type="checkbox"/> Data collection or record keeping | <input type="checkbox"/> Requisition or inventory of supplies |
| <input type="checkbox"/> Database management | <input type="checkbox"/> Quality Assurance in laboratory animal science |
| <input type="checkbox"/> Diagnostics (clinical pathology, necropsy, parasitology, radiology, etc.) | <input type="checkbox"/> Training or supervision of staff |
| <input type="checkbox"/> Equipment preparation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Experimental procedures/techniques (dosing, sample collection, etc.) | Detailed description: _____ |
| <input type="checkbox"/> Handling and restraint | _____ |
| <input type="checkbox"/> IACUC service or involvement in laboratory animal science | _____ |

Number of hours per week _____

Start date with company _____ Check if still employed here

Length of time with facility/institution _____

End date with company _____

One year of lab experience = 1950 hours (~37.5 hours/wk)

▶ SECTION II: Authorization for Information

To be completed by supervisor. YOU, THE SUPERVISOR, ARE HEREBY AUTHORIZED and instructed to furnish, as part of my certification application requirements to the American Association for Laboratory Animal Science, information regarding my employment history; and you are further authorized to provide to AALAS any additional information contained in my personnel file that may be requested with my certification application.

Facility supervisor's/administrator's approval of work experience:

Yes, I verify that, to the best of my knowledge, this applicant's information about employment at this facility is true.

Supervisor's signature _____ Date _____

Name (please print) _____ Title _____

Email _____ Phone _____

▶ Applicant Verification Statement

I have read and understand the information found in the *Technician Certification Handbook*. By signing this statement I declare that the foregoing statements and those in any required accompanying documentation are true. I understand that false information may be cause for disciplinary action, including denial or loss of my certification credential. I support the AALAS Core Values and Code of Ethics as stated below:

The American Association for Laboratory Animal Science believes that the use of laboratory animals in scientific and medical research is essential to the improvement and protection of the quality of all life. The humane and responsible care of laboratory animals is vital to quality research and, as such, an essential aspect of AALAS endeavors. AALAS is dedicated to building and disseminating a knowledge base in laboratory animal science for the education and training of those who work in this field.

The Code of Ethics for members of AALAS has been adopted by the Board of Trustees to promote and maintain the highest standards of professional and personal conduct among its members. Adherence to these serves to assure public confidence in the integrity and service of AALAS members.

1. Maintain the highest standard of personal conduct.
2. Promote and encourage the highest level of ethics within the profession of laboratory animal science.
3. Maintain loyalty to the profession of laboratory animal science and pursue its objective in ways that are consistent with the public interest.
4. Recognize and discharge my responsibility and that of my position to uphold all laws and regulations relating to the profession of laboratory animal science.
5. Strive for excellence in all aspects of the profession of laboratory animal science.
6. Use only legal and ethical means in all professional activities.
7. Maintain the confidentiality of privileged information entrusted or known to me by virtue of my position.
8. Refuse to engage in, or countenance, activities for personal gain at the expense of the profession of laboratory animal science.
9. Always communicate associated internal and external statements in a truthful and accurate manner.
10. Cooperate in every reasonable and proper way with others and work with them in the advancement of the profession of laboratory animal science.
11. Use every opportunity to improve public understanding of the role of the profession of laboratory animal science.

Printed Name of Applicant

Signature of Applicant

Date

▶ Final Checklist for Application Form

This checklist is provided to assist you in reviewing your application materials prior to mailing them to AALAS. An incomplete application form or missing documentation may delay the processing of your application. Have you:

- Verified that the name on your application exactly matches the name on the ID you will use to test?
Note: your ID MUST be a valid driver’s license, a state or government-issued ID, or a passport.
- Provided documentation of high school diploma/GED/college or higher degree (as appropriate) in English?
- Submitted the application forms to AALAS and kept a photocopy for your records?
- Included the appropriate exam fees and membership fees if joining AALAS?
- Completed Section I and II of the Verification of Work Experience Form?
- Signed the “Applicant Verification Statement”?
- Verified the appropriate amount of postage to mail your application to AALAS? (The postage requirements may change according to the amount of documentation you include.)