



APPLICATION FOR RE-CERTIFICATION  
**CERTIFIED ELECTRON MICROSCOPY TECHNOLOGIST**  
 Biological Transmission Electron Microscopy

Please complete and return this application to:  
 Mail: MSA, Attn: Re-certification, 11130 Sunrise Valley Drive, Suite 350 Reston, VA 20190  
 E-mail: [associationmanagement@microscopy.org](mailto:associationmanagement@microscopy.org)

The deadline to return this application is December 31st of the final year of your current certification period.

1) APPLICANT INFORMATION:

NAME: \_\_\_\_\_ CERTIFICATION ID: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

IS THIS A [ ] RESIDENCE OR [ ] WORK ADDRESS?

DAYTIME TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

2) CONTINUING EMPLOYMENT:

Current employer (name and address):

Position/Title: \_\_\_\_\_ Years employed there: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Previous employer (name and address)

Position/Title: \_\_\_\_\_ Years employed there: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

3) RE-CERTIFICATION FEE:

Fee for the ten-year renewal period is \$75.00 for MSA members in good standing or **\$125.00 for non-members**. Membership is not required for re-certification. All payments must be in US dollars, drawn on a US bank. For questions as to your membership status, please contact MSA at (703) 234-4089.

I wish to pay by:  Check  VISA  MasterCard  American Express

Total: \$ \_\_\_\_\_

Card No.: \_\_\_\_\_ Exp Date \_\_\_\_\_ / \_\_\_\_\_

Signature authorizes payment: \_\_\_\_\_

I hereby apply for EMT re-certification and attest that the information being provided is true and correct.

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