

MICROSCOPY SOCIETY OF AMERICA
Application for Certification
Electron Microscopy Technologist
Biological Transmission Electron Microscopy

Name: _____
Mailing Address: _____

Is this address your residence? _____ Work? _____
Company/University (only if not part of above address): _____
Daytime Phone: (____) _____ FAX: (____) _____
E-mail address: _____
I have read and understand the regulations pertaining to MSA Certification.
Your signature: _____ Date: _____

EDUCATION (Start with High School)
School/Location/Years Attended Credit Hours Major Field Degree

EMPLOYMENT (EM Related)

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: _____