



American Academy of Thermology

AAT Certification Application

Name _____ Degrees/Credentials _____

Primary contact information:

Phone _____ Fax _____

E-mail _____ Office Website: _____

City, State, Postal Code, Country _____

_____ *This is my home address* _____ *work address* _____

Secondary contact information: Phone: _____ Email: _____

City, State, Postal Code, Country _____

_____ *This is my home address* _____ *work address* _____

Year of Birth _____ Gender: Female _____ Male _____

Primary Profession: MD _____ DO _____ DC _____ DDS,DMD _____ DPM _____
DVM _____ Non-Physician Licensed Practitioner _____, Technician _____ Veterinarian
Technician _____ Other (Specify) _____

Primary Employer:

Academic Institution _____ Hospital _____ Private Practice _____ Industry _____ Other _____

Certification you are applying for (check one): Three Year _____ Provisional (one year) _____

Category of Certification you are applying for (check one): Physician _____ Technician _____

The AAT will take individual consideration into account with respect to teaching and publication criteria for demonstrated professional leadership in the field of Medical thermal Imaging. Please provide documentation for each of these items with your application.

You have 90 days from the application date to submit three cases that are deemed to be AAT compliant to your course director.

If the course director feels additional submissions are required you will receive an Email stating the same.

In some situations, if needed, your course director may be willing to provide private mentoring. If you elect for the same, your course director may elect to charge a fee for time and services. Pricing for mentoring is individually determined and between you and the course director. Said fee is not covered by your application fee.

Before any technician cases will be reviewed, technicians must submit a word document with the answers from the AAT Post Test (this is reviewed at the end of the Member's Certification Course). An eighty percent (80%) correct score is required. All case submissions should be consistent with the correct answers from this test. If not, they will be returned as incomplete.

If your interpreting physician requires you to take images or perform protocols that are not consistent with AAT Guidelines then you must state the same, and provide an explanation for the rationale behind the deviation, along with your submission or your cases may be returned to you as incomplete or incorrect.

Before submitting your application, you should answer the following:

Have you completed an AAT Sanctioned Certification Qualification Course? _____
If so, who was your Course Director? _____

All Applicants must enclose a copy of your resume and a headshot photo.

All applicants must also complete the follow attestation:

“To whom it may concern: I, _____, understand that the granting of AAT Member Certification is not the same as having achieved AAT Senior Member, Fellow Member, or Life Member status. By signing this letter I further agree to comply with the American Academy of Thermology's Mission Statement, Bylaws, and Certification Policy and Procedures. I also agree that I will both fulfill the requirements needed to maintain AAT Member Certification status and that I will not falsely represent my AAT Certification credentials as having the rights and privileges of AAT Senior Member, Fellow, or Life Status”.

Are you applying for the Non-Physician Licensed Practitioner category of Certification? _____

If you are a non-physician licensed practitioner who believes that your licensure is compatible with establishment of a clinical practice diagnosing and treating human disease then you may apply for the Licensed Non Physician Practitioner Certification category.

Any application for certification under this category is subject to acceptance or rejection at AAT's sole discretion. If an individual is accepted for certification under this category, certification does not grant licensure to perform or deliver any medical service, including

interpretation of thermograms. Licensure and scope of practice for any non-physician practitioner is determined solely by the applicable licensing authority.

It is the responsibility of the practitioner to establish, to the satisfaction, of the AAT, that the clinician is eligible for this certification. The following language must be submitted along with a Licensed Non Physician Practitioner Certification application:

By submitting this application, I represent that I meet the criteria set forth above because (Please set forth your licensure and specifically include the relevant portion of your licensing statute and/or regulations that you believe establish your eligibility for certification under this classification): _____

and further, that I agree that:

a) The AAT shall determine, in its sole discretion, whether or not to accept my application for this category of certification, and that I further agree that I recognize that this determination is not subject to any appeal beyond a request for reconsideration which I may submit with additional data, and that request for reconsideration is also subject to acceptance or rejection by AAT at AAT's sole discretion.

b) If I become certified, I recognize that certification does not grant any authority to perform any clinical activity, including interpretation of thermograms. I recognize, understand, and agree that my authority to perform any clinical activity is determined solely by my applicable licensing authority.

Additional Information:

NPs, PAs, DOMs, etc should apply as technicians if their State Licensure does not define the ordering and interpretation of diagnostic studies as part of their scope of practice or if the applicant is only interested in obtaining Member Certification that speaks to the performance of Thermal Imaging studies.

If a Technician member has a change in licensure so as to become eligible for Physician Member Certification then upon annual membership renewal the Technician should renew their annual membership as a Physician Member, and pay the associated Physician Member fee. Note: if the AAT determines that a Technician Member should have previously registered as a Physician Member then it may assess the member the difference in membership fees not previously paid.

Member Certification status begins on January 1st of the year in which Certification is obtained and lasts for three years from that date (renewal will be due after December 31st of the third calendar year).

Certification Application Fee: \$150 _____

Payment:

Check:

Personal Check _____ enclosed payable to the AAT in \$US dollars.

Company/Institution Check _____ enclosed payable to the AAT in \$US dollars.

Provide name and address of company/institution:

Credit Card:

PayPal (available online- visit our website at www.aathermology.org) _____

VISA _____ MasterCard _____ AMEX _____

Card no. _____ Exp.Date _____

Card Security Code _____ *(Three- or 4-digit value printed on the card or signature strip)*

Credit card billing address & postal code _____

Name of cardholder, if different from applicant's name _____

Signature: _____

Note: Only Members can apply for Member Certification. If you are not already a member you must submit the Membership Application and fee in addition to your Member Certification application. Once a Member Certification application has been submitted members will have ninety (90) days to complete their certification. Applicants who fail to achieve certification thereafter will have to re-apply.

Return to:

AAT, Attn: Membership

500 Duvall Drive

Greenville, SC 29607 USA

Phone: 864-236-1073 Fax: 864-236-5918

Email: contact@aathermology.org