



American Academy of Thermology

AAT Re-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 _____

You must have maintained membership in Good Standing of AAT on an annual basis, attended an AAT sanctioned meeting at least once during the three year period since your last certification, provide evidence of continued interest or practice in Medical Thermal Imaging, have submitted at least one publication to a professionally relevant journal or equivalent, or have participated in a lecture or other equivalent teaching methodology during the three year period since your last certification. 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.

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).

Please indicate the category of you last Member Certification: Original____ Re-certification____

What was the date of your original Member Certification or of your most recent Member Re-certification? _____

Re-certification Application Fee: \$150_____

Payment:

Payment for Member Recertification is only available or by check or credit card.

If you experience any difficulty with online payment please email us at contact@aathermology.org

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 Recertification.

Return to:AAT, Attn: Membership

500 Duvall Drive

Greenville, SC 29607 USA

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

Email: contact@aathermology.org