

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: _____