



Application for CEMT Re-Certification Certified Electron Microscopy Technologist
Biological Transmission Electron Microscopy

Please complete and return this application via email to:

associationmanagement@microscopy.org

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

Applicant Information

Name: _____ Certification ID#: _____

Mailing Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Is this a [] Residence OR [] Work address?

Email Address: _____ Phone Number: _____

Continuing Employment

Current Employer

Organization Name: _____

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Current Position/Title: _____

of Years Employed There: _____ Supervisor's Name: _____

Continue to Next Page.

401 Edgewater Place, Suite 600, Wakefield, MA 01880

associationmanagement@microscopy.org | (703) 234 - 4115 | www.microscopy.org

Previous Employer

Organization Name: _____

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Current Position/Title: _____

of Years Employed There: _____ Supervisor's Name: _____

Signature

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

Signature: _____ Date: _____

Continue to Payment Options on Next Page.

Re-Certification Fee

The current re-certification fee for the ten-year renewal period is \$75.00 USD for MSA members in good standing **OR** \$150.00 USD for non-members. Membership is not required for re-certification. All payments must be in US dollars, drawn on a US bank.

Contact MSA at associationmanagement@microscopy.org if you have any questions about your current membership status.

I wish to pay my \$75.00 USD (*MSA Members*) \$150.00 USD (*Non-Members*) fee by:

Credit Card (Visa, MasterCard, American Express)

Credit Card Number _____ Expiration Date _____

Cardholder' Name _____ CSC _____

Cardholder's Signature _____

Check

Please ensure your CEMT ID# is included with your check payment. Make check payable to MSA. Mail check to:

Microscopy Society of America
401 Edgewater Place
Suite 600
Wakefield, MA 01880