**The American Society for Reproductive Immunology**

**Practice Pathway Certification Application**

**Demographics**

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_

Home Address

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Office Address**

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduate Medical Education Training**

List all GME training programs. Duplicate rows, as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Name & location of GME training program | Start Date | End Date | Certificate Attached?  Yes or No |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Board Certification**

List all board certifications. Duplicate rows, as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Board Certification | Initial Certification Date | Expiration Date | Certificate Attached?  Yes or No |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Work Experience**

Please list all work experiences. Duplicate rows, as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Name & location of institution | Title | Start Date | End Date |
|  |  |  |  |
|  |  |  |  |

**Scholarship**

Please list all scholarship completed in the past five (5)years (?) Duplicate rows as necessary.

|  |  |
| --- | --- |
| Citation | Type of Product |
|  | □ Peer-reviewed publication □ Other publication  □ Poster presentation □ Podium presentation  □ Book or book chapter □ Abstract |
|  | □ Peer-reviewed publication □ Other publication  □ Poster presentation □ Podium presentation  □ Book or book chapter □ Abstract |
|  | □ Peer-reviewed publication □ Other publication  □ Poster presentation □ Podium presentation  □ Book or book chapter □ Abstract |

**History**

1. Have you been convicted of a felony within the last seven years?

□ Yes □ No

2. Have you ever had hospital privileges / appointment denied, revoked, conditioned, suspended, limited, qualified, or subject to terms of probation or restricted?

□ Yes □ No

If you answered yes to either of the above questions, please provide a separate, written explanation and attach with your application.

**Include this application with your supporting documents.**

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**General Affidavit**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have practiced in the field of reproductive immunology for a period of at least ten (10) years.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,confirm my submitted application, and supporting documents, for a certificate in reproductive immunology via the practice pathway program is true and correct.

BEFORE ME: the undersigned notary public, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who currently resides at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the County of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and makes this her/his statement and affidavit upon oath and affirmation of belief and personal knowledge, that the following matters, facts, and things set forth are true to the best of her/his knowledge:

I declare under penalty of perjury that the forgoing is true and correct.

Affiants signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary’s Acknowledgement

On this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ the foregoing GENERAL AFFIDAVIT, was sworn to and acknowledged before me by the following person, known or proven to me to be the person whose name is subscribed to within the document.

WITNESS my hand and official seal.

Print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Affix seal]

Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC