

SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY

APPLICATION FOR MEMBERSHIP

SART number: (do not write in this space) _____

Legal Name of Practice: _____

Address: _____

***Practice Director:** _____

Phone: _____ **Fax:** _____

Email: _____

**Participating Team Members: (*CV, ABOG Certificate for Medical Directors
and HCLD or ELD ABB Certificate for Lab Directors required)**

***Medical Director:** _____
(See attachment A)

***Laboratory Director:** _____
(See attachment B)

***Laboratory Supervisor:** _____
(For off site director)

MEDICAL DIRECTOR

Date of first treatment cycle at present facility under current Medical Director:

Reproductive Endocrine/Infertility Fellowship Training:

_____ Institution

_____ Dates Program Director

REI Subspecialty Board Certified Yes/No (Circle) _____ Date

Verification of Status of Medical Director

I, _____, do hereby affirm that I meet the qualifications to serve as Medical Director of a SART member practice.

_____ I am currently REI subspecialty certified by ABOG.
(Please provide a copy of your most recent certificate or other proof of certification from ABOG showing expiration date)

_____ I am an Active Candidate for REI subspecialty certification by ABOG.
(Please provide documentation from ABOG that you are or continue to be an Active Candidate.

_____ I am eligible to serve as Medical Director because I fulfilled this role in a SART member practice prior to January 1, 2000***.

*** Please provide name, location, SART number of practice and years in which you served as Medical Director

My signature below shall attest to the truthfulness of all information.

SIGNATURE: _____

Date: _____

LABORATORY DIRECTOR

(If multiple labs are used, this section must be completed for each lab)

NAME: _____

Highest Degree Attained: _____

Name of Laboratory: _____

Off-site Director: Yes/No

If off-site, please list the name, location and SART number for all programs for which you function as an off-site Laboratory Director (maximum allowed is 5)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Verification of Status of Laboratory Director

I, _____, do hereby affirm that I meet the qualifications to serve as a Laboratory Director of a SART member practice.

___ I am a Ph.D. or M.D. HCLD certified by AAB.
(Please provide a copy of your most recent certificate or other proof of certification from AAB showing expiration date).

___ I am a Ph.D. or M.D. ELD certified by AAB
(Please provide a copy of your most recent certificate or other proof of certification from AAB showing expiration date).

___ I am eligible to serve as Laboratory Director because I fulfilled this role in prior to July 20, 1999 and am HCLD or ELD certified by AAB. (Please provide name, location, and years in which you served as Laboratory Director and a copy of your most recent certificate or other proof of certification from AAB showing expiration date).

My signature below shall attest to the truthfulness of all information provided above.

SIGNATURE: _____

Date: _____

LABORATORY SUPERVISOR

(For programs with an off-site Laboratory Director or where Medical Director is also the Laboratory Director)

NAME: _____

Highest Degree Attained: _____

Institution: _____

Lab Director: _____ **Dates** _____

Verification of Status of Laboratory Supervisor

I, _____, do hereby affirm that I meet the qualifications to serve as Laboratory Supervisor of a SART member practice.

_____ I am ELD certified by ABB
(Please provide a copy of your most recent certificate or other proof of certification from ABB showing expiration date)

_____ I am TS certified by ABB.
(Please provide a copy of your most recent certificate or other proof of certification from AAB showing expiration date)

_____ I am GS certified by ABB.
(Please provide a copy of your most recent certificate or other proof of certification from AAB showing expiration date)

_____ I am eligible because I fulfilled this role in a SART member practice prior to 1/1/2011.

My signature below shall attest to the truthfulness of all information provided above.

SIGNATURE: _____

DATE: _____

Membership Requirements

- All new applicant practices that perform IVF will be considered Provisional members for a minimum of one year before becoming eligible for Active status. Provisional status automatically terminates 36 months after the date of initial application unless the practice qualifies for Active membership sooner.
- **If any two of the three directors change (Practice, Medical or Lab) within a calendar year, this shall constitute a new practice and a new application must be submitted.** These changes in personnel must be reported to SART in writing. CVs are required for any change in key personnel (Practice, Medical, and Laboratory Directors).
- Clinic specific results must be submitted annually with permission to publish and be validated.
- The IVF/Embryology laboratory must apply for certification by a SART accepted agency within two years of joining SART.
- ART team members agree to adhere to all current published guidelines and minimum standards of SART/ASRM

I hereby apply for membership in the Society for Assisted Reproductive Technology on behalf of our practice. I certify that all of the above statements are correct. I understand that the requirements of membership include reporting specific results to SART or its representative with permission for public disclosure and validation and remaining actively involved in ART. Continued membership also requires adherence to policies and guidelines as determined by SART. By accepting membership in SART, I agree to these requirements. By signing below I am also granting permission to SART to send me information via fax as applicable.

_____ Date: ____/____/____
Practice Director's Signature

Please return this application with CVs and \$125.00 nonrefundable application fee to:

SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY
An affiliate of The American Society for Reproductive Medicine
1209 Montgomery Highway
Birmingham, Alabama 35216-2809

Tel: (205) 978-5000 ext. 109 Fax: (205) 978-5015 E-mail: kljefferson@asrm.org

Attachment A

DESIGNATED PRACTICE DIRECTOR:

The Practice Director must be a member in good standing of ASRM. The Practice Director is that individual who will assume responsibility and accountability for the activities of the practice related to Assisted Reproductive Technologies. The Practice Director is the individual responsible for official communication with SART, its registry, or its designees, and for ensuring that the practice follows the SART requirements for membership.

MEDICAL DIRECTOR

The Medical Director must be a member in good standing of ASRM. As of January 1, 2000, in order to obtain provisional status, the medical director of any NEW practice must be REI subspecialty certified, an active candidate for subspecialty certification, or be grandfathered in under the terms listed below. If the individual is not fully REI certified, documentation of adequate (6 months) training in advanced ovulation induction techniques and assisted reproductive technologies, based upon a letter from the Fellowship Director under whom the individual trained, will be required. . Current medical directors in practices with SART provisional or active member status prior to 1/1/00 will be grandfathered. However, any replacement in this position within a practice must meet the REI requirement or have previously met the grandfather status requirement.

Attachment B

LABORATORY PERSONNEL

LABORATORY DIRECTOR

The Embryology Laboratory Director must be a member in good standing of ASRM. This individual shall assume overall responsibility for the embryology laboratory. This must be the individual who will be listed as laboratory director for formal accreditation. The qualifications are those that are in compliance with the most current published minimum standards (Fertil Steril_ 2008; 90:S45–59).

Effective January 1, 2006, in addition to being in compliance with all published minimum standards (Fertil Steril_ 2008; 90:S45–59), all new ART Laboratory Directors must attain ABB-HCLD (American Board of Bioanalysis High Complexity Laboratory Director) or ABB-ELD (American Board of Bioanalysis Embryology Laboratory Director) certification or an equivalent. Individuals who qualified as Lab Directors prior to that time are strongly encouraged to pursue ABB-HCLD or ABB-ELD certification.

Practices with "off-site" laboratory directors must have a qualified on-site laboratory supervisor. The qualifications of the laboratory supervisor are those that are in compliance with the most current published minimum standards (Fertil Steril_ 2008;90:S45–59)

An "off-site" Embryology Laboratory Director is one whose primary directorship is at another physical facility that has a separate identification number (SART number, etc.), and a separate Medical Director. The following are not considered off-site situations:

- A. Local satellite facilities in the same geographical area that are registered with the same SART Program and Medical Director.
- B. Directors who offer their services to different ART programs in a sequential manner and are on-site at each program while cases are being performed.

An "off-site" Director has the same responsibilities as does an "on-site Director. See CDC's Model for Laboratory Accreditation for details. (Federal Register: July 21, 1999 Vol 64 #139 [FR doc 99-18405 filed 7-19-99:11:53 am] Billing Code 4163-18-P). Among those duties are responsibilities for:

- A. All laboratory protocols and activities at the off-site facility.
- B. The training (or ensuring the training) of the on-site staff, ensuring that technical expertise is available for all of the ART Laboratory services provided at that site.

- C. Designating the means and times of regular and emergency communication with the off-site facility.

While the laboratory is actively treating patients, the off-site director is required to physically visit the laboratory at a frequency that will ensure the proper functioning of the Embryology Laboratory and assure appropriate patient care.

The off-site director must be present on site for any accreditation or certification procedures.

A Laboratory Director shall direct no more than five (5) separate laboratories of any type. Facilities are considered separate laboratories if they have different identification numbers from a State, Federal or Private accreditation or licensing body.

LABORATORY SUPERVISOR

The Laboratory Supervisor must be a member in good standing of ASRM. The embryology laboratory may have one or more qualified laboratory supervisors who, under the direction of the laboratory director, provide day-to-day supervision of laboratory personnel performing ART procedures. If the medical director is also the laboratory director, there should be a designated laboratory supervisor. If the embryology laboratory director is primarily located off-site, there should be a designated laboratory supervisor.

- a. Qualifications: The embryology laboratory supervisor should either meet the qualification requirements designated for laboratory director or fulfill **both** of the following requirements:
 - 1) Have an earned bachelor's or master's degree in chemical, physical, biological, medical technology, clinical or reproductive laboratory science from an accredited institution;
 - 2) Have documented training, which includes performing, at a minimum, at least 60 ART procedures under supervision or have held this position in a SART member clinic prior to 1/1/2011 (Please provide name, location, SART number of practice, and years in which you served as Laboratory Supervisor).
- b. In addition to meeting these requirements, the embryology laboratory supervisor should:
 - 1) Obtain at least 12 hours of accredited continuing education annually in assisted reproductive technology or clinical laboratory practice.

- 2) Perform at least 20 ART procedures per year.
- c. Responsibilities: These include day-to-day supervision and oversight of the embryo laboratory and laboratory director responsibilities as authorized in writing by the embryology laboratory director.