The Society for Assisted Reproductive Technology

APPLICATION FOR NEW PRACTICE MEMBER CLINIC

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

Legal Name of Practice: _____

_____

Address: _____

_____

_____

Phone: _____ **Fax:** _____

Clinic website: _____

Primary Practice Member Clinic Personnel:

Practice Director: _____
(See attachment A) - Must include **CV**

Phone:_____ **Fax:** _____

Email: _____

Medical Director: _____
(See attachment A) - Must include **CV**, and current **ABOG REI Status Letter**

Email: _____

Laboratory Director: _____
(See attachment B) - Must include **CV** and current **HCLD** or **ELD** ABB Certificate

***Laboratory Supervisor:** _____
(See attachment B) - Must include **CV** and 1) current **TS** or **GS** ABB Certificate, or 2) proof of equivalency of TS/GS in compliance with CLIA regulations**. This will be reviewed by the SART Membership committee. Only required if off-site lab director – Note, off-site lab director and lab supervisor cannot be the same person.**

MEDICAL DIRECTOR

NAME: _____ MD / DO (Circle one)

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

_____

Reproductive Endocrine/Infertility Fellowship Training:

_____
Institution

_____
Dates of training Program Director

REI Subspecialty Board Certified by ABOG: **Yes / No** (Circle one) Date certified: _____
If not currently board certified, most recent date passed written ABOG REI exam: _____

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 Board Certified by ABOG.
(Please provide a copy of your most recent certificate or other proof of certification from ABOG showing expiration date. If enrolled in MOC, please provide proof of currency)

_____ 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.e., letter attesting to passing the ABOG written REI exam within 5 years.

_____ 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 information below of practice in which you served as Medical Director.

Name: _____

Location:_____

SART #: _____ Years served as Medical Director: _____

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

SIGNATURE: _____DATE:_____

LABORATORY DIRECTOR

(If multiple labs are directed, each individual lab must be designated below)

NAME: _____

Highest Degree Attained: _____ Institution: _____

Name of Laboratory: _____

Will this lab be directed off-site: Yes / No

Please list the name, location and SART number for **all other** programs for which this lab director functions as a Laboratory Director, inclusive of on-site and off-site (max allowed are **5 total** embryology labs including the current application)

1. _____ SART #_____ On-site / Off-site
2. _____ SART #_____ On-site / Off-site
3. _____ SART #_____ On-site / Off-site
4. _____ SART #_____ On-site / Off-site

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

___ I am a Ph.D. or M.D. and 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 eligible to serve as Laboratory Director because I fulfilled this role prior to July 20, 1999.
Please provide name, location, and years in which you served as Laboratory Director.

Name: _____

Location:_____

SART #: _____ Years served as Laboratory Director: _____

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

SIGNATURE: _____DATE:_____

LABORATORY SUPERVISOR

(Required for programs with an **off-site** Laboratory Director, or where the **Medical Director** is also the **Laboratory Director. Of note, the designated lab supervisor cannot be the Lab 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/GS certified by ABB.
(Please provide a copy of your most recent certificate or other proof of certification from ABB showing expiration date)

____ I am not certified by ABB. I have obtained equivalent education and experience as TS/GS and eligible to sit on ABB certification exam.
(Please provide proof of eligibility: education, experience, ART cycles performed each year)
Pending Review by SART Membership Committee

_____ I am eligible because I fulfilled this role in a SART member practice prior to Jan 1, 2011. Please provide name, location, and years in which you served as Laboratory Supervisor.

Name: _____

Location:_____

SART #: _____ Years served as Laboratory Supervisor: _____

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

SIGNATURE: _____DATE:_____

MEMBER CLINIC PHYSICIANS

Please list **ALL** physician members of this clinic practice who will be performing ART procedures (Retrievals and/or embryo transfers) to be included in the annual SART report, including the Medical Director

1. _____ **MD / DO**
2. _____ **MD / DO**
3. _____ **MD / DO**
4. _____ **MD / DO**
5. _____ **MD / DO**
6. _____ **MD / DO**
7. _____ **MD / DO**
8. _____ **MD / DO**
9. _____ **MD / DO**
10. _____ **MD / DO**
11. _____ **MD / DO**
12. _____ **MD / DO**
13. _____ **MD / DO**
14. _____ **MD / DO**
15. _____ **MD / DO**
16. _____ **MD / DO**
17. _____ **MD / DO**
18. _____ **MD / DO**

- **Please attach a list if additional space needed**

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 24 months after the date of initial application unless the practice qualifies for Active membership sooner. Any practice approved with a Medical Director that is an active candidate, but not board certified, will remain a provisional practice until the Medical Director obtains board certification. If the Medical Director loses active candidate status before becoming board certified, that Medical Director is no longer eligible to serve.

- **SART must be notified of any change in the primary practice positions. If any two of the three directors change (Practice, Medical or Lab) within a calendar year, this may constitute a new practice and a new application maybe required after review by the membership committee.** These changes in personnel must be reported to SART in writing. CVs are required for any and all changes in key personnel (Practice, Medical, Laboratory Director, or Lab Supervisor).

- 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 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 e-mail as applicable.

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

Please mail or email:

□ complete/signed application
□ CV and current certificates for each primary practice personnel
□ $125 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: jmarshall@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. The Practice Director does not have to be a physician.

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 practice must be REI subspecialty certified, an active candidate for subspecialty certification, or be grandfathered in under the terms listed below.

Active Candidate clause: Any Medical Director with provisional approval as an active candidate by ABOG, must provide proof verifying their passing of ABOG REI written exam within the previous 5 years with their application. In addition, an active candidate must achieve ABOG REI subspecialty board certification prior to the practice becomes eligible to transition from Provisional to Active Membership

Grandfather clause: 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 "offsite" 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.

An Embryology Laboratory Director shall direct no more than five (5) separate embryology laboratories. 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-today 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. The laboratory supervisor cannot be the same individual listed as the laboratory director.

Qualifications: The embryology laboratory supervisor should either meet the qualification requirements designated for laboratory director or fulfill **ALL** of the following requirements:

A. Have an earned bachelor's or master's degree in chemical, physical, biological, medical technology, clinical or reproductive laboratory science from an accredited institution;

B. In programs with an off-site laboratory director, the laboratory supervisor must be eligible to sit for the ELD, TS or GS certification exam by the ABB (or grandfathered in).

C. 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).

In addition to meeting these requirements, the embryology laboratory supervisor should:

A. Obtain at least 12 hours of accredited continuing education annually in assisted reproductive technology or clinical laboratory practice.

B. Perform at least 20 ART procedures per year.

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.