

**2025 AEROSPACE PHYSIOLOGY
CERTIFICATION EXAMINATION APPLICATION**

Please apply in English. Application via digital documents (copies of this completed application) is encouraged and digital document copies should be sent as part of the application by email. Each application should include a portrait photograph (color or black & white, high-definition digital format such as JPEG) to the admissions chair. Each applicant should provide a short professional biography of no greater than 300 words. A recent professional resume copy is encouraged as part of the application. Payments must be sent via USPS, Fed-Ex or other suitable ground handling.

A summary of fees is:

- (a) **\$25.00** admission fee sent with the completed application (make checks out to the Aerospace Medicine Association). *Not* Refundable;
- (b) **\$75.00** Examination fee paid by the time the applicant stands for the exam. *Not* refundable;
- (c) **\$50.00** [AsMA] Certification fee payable by the time the applicant stands for the exam. *Refundable* if the exam is not successfully passed.

The completed application should include:

- (1) This application form.
 - (2) Portrait quality photograph (small)
 - (3) Professional biography
 - (4) Two Letters of Recommendation (sent direct to admission chair from endorsers).
 - (5) Professional resume (optional)
 - (6) Application fee: \$25.00 US
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DATE OF APPLICATION:

YEAR OF EXAM YOU SEEK:

Personal Data

1. NAME:

2. PROFESSIONAL MAILING ADDRESS:

3. PROFESSIONAL (WORK) PHONE NUMBER:

4. HOME ADDRESS:

5. HOME PHONE NUMBER:

6. HOME EMAIL:

WORK EMAIL:

7. BIRTH DATE: BIRTH PLACE:

8. Do you understand the criteria for eligibility to sit for the certification examination as described in the bylaws of the Aerospace Physiology Certification Board of the Aerospace Medicine Association? (circle one) YES / NO

9. Educational History Beyond High school:

COLLEGE / UNIVERSITY From (Mo/Yr) - To (Mo/Yr) MAJOR DEGREE

10. Graduate of civilian or military course/school of aviation/aerospace physiology (name of course/school, dates attended, completion date)
11. Specific education in physiology or related biological sciences (degree, courses, institution, dates):
12. History of professional experience in Aerospace Physiology (particularly the last five years) in teaching, research, management, operational or professional societies:
13. History of military service:

Service Branch/(Country) Rank From (Mo/Yr) - To (Mo/Yr) Duties

14. Occupational/Professional History (non-Military):

Institution / Company From (Mo/Yr) - To (Mo/Yr) Position

15. Membership in the Aerospace Medical Association since 2022 (Year)

Named Associate Fellow in _____ (Year).

Elected Fellow in _____ (Year).

16. Offices held and committee memberships:

17. Aeronautical Rating (s):

18. Total Number Flying Hours (Approximately):

Types of Aircraft:

19. Membership in the Aerospace Physiology Society since (Year)

20. Offices held and committee memberships:

21. Membership in other scientific associations or societies:

Name of Organization Offices Held/Committee Memberships

22. Special professional society and/or military honors and awards:

Title Year

23. Professional publications, presentations and special programs directed or participated in by the applicant (list on a separate sheet if necessary):

24. Two letters of recommendation should be sent directly to the Chairperson of the Certification Board. The letters should come from two persons (names below) who can attest to your training, experience, and performance in the field of aerospace physiology and the aeromedical sciences.

(NOTE: Members of the Certification Board may not be used for references.)

NAME:

NAME:

For the 2025 exam, mail to: DENNIS J. MADDEN, LCDR, USN, MSC, CAsP
Attn: Aerospace Physiology Board Certification
1832 Harris Ave.
Kailua, HI 96734

Or via email at email: dennis.j.madden.mil@us.navy.mil

25. Describe in your own words, in one typewritten page or less, what you feel have been your major contributions to the field of aerospace physiology and aeromedical science. Provide your signature at the end of this description. (Attach a separate sheet if necessary.)

26. Include an application fee of \$25.00 US. (Make checks payable to: Aerospace Medicine Association).