



The PAACB Spore Analyst Recertification

- recertifies individual analysts—not laboratories—ensuring the quality of the analysis, where accurate identification is critical;
- ensures that analysts have maintained basic competency criteria for each level and are able to correctly identify spores and separate spores from artifacts;
- is based on competency criteria established and validated by a panel of scientific experts;
- must be taken prior to the expiration of your current certification;
- is valid for three years; and
- costs \$350 per person.

To register for Level 1 Recertification

Please mail or fax this form long with the \$350 recertification fee to:

- PAACB c/o Lisa Groth, 50 Palmer Road, Monson, MA 01057
- Fax: 866-240-3044

Questions? Please check out our website: www.paacb.org
or email us: administrator@paacb.org

Level 1 Recertification

covers the practical approaches to sample analyses, identification of commonly encountered spores, and calculation of concentrations from raw counts.

To maintain PAACB Spore Analyst Certification:

submit a recertification form and registration fee. The recertification exam will be scheduled in a testing center near the candidate and will include multiple choice questions and digital images to be assessed by the candidate. Guidance documents and additional information are available at www.paacb.org or upon request.

The Recertification Exam is similar to the Certification Exam analysts took three prior; the photo identification section has been modified and expanded and the mycology and sampling sections have been reduced.

A passing score on the Recertification Exam will extend your certification by three years.



The Pan American Aerobiology Certification Board invites all whose current certification is approaching expiration to apply for recertification and take the **Level 1 Spore Analyst Recertification Exam**. You may take the recertification exam within six months prior to the expiration of your PAACB Spore Analyst Certification.

Last name _____ First name _____ MI _____

Mailing address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

PAACB ID# _____ Expiration Date: _____

I am paying the \$350 recertification fee by (check one):

Check enclosed Please charge my VISA/MC (circle one)

Credit card number _____ Expiration date _____

Security Code (on back of card) _____

Signature _____ Date _____