



NAB NEW COUNTER QUESTIONNAIRE

1) Name _____

2) Address _____

Telephone Fax E-Mail

Counting Center Name

3) Have you taken the Basic Aerobiology Course? No Yes AAAAI ACAAI _____ Year
(Please circle response.)

4) Have you taken the Advanced Aerobiology Course? No Yes AAAAI _____ Year
(Please circle response.)

5) Are you seeking certification for Pollen only? Yes 6) Both Pollen and Spores? Yes

7) Will you be using a Rotorod or a Burkard machine or Other _____ ?
(Please specify.)

8) Comments _____

9) Please provide the NAB with a current CV and copies of any correspondence in reference to aerobiology course participation. Once your response has been processed, a username and password will be provided to you via email from the AAAAI executive office for taking the online qualifying exam.

Please fax this completed form to (414) 272-6070. Please mail any accompanying materials to NAB, c/o AAAAI, 555 E Wells, Ste. 1100, Milwaukee, WI 53202.