



CERTIFICATION PROCESS OVERVIEW

Details of the certification process are included in the Candidate Handbook, which can be downloaded from the AMT website: www.americanmedtech.org. A summary of the process is outlined below.

1. Submitting Your Application: Submit your application after you have completed your program (including your internship/externship). AMT allows a candidate to sit for the exam prior to his/her internship/externship when a Memorandum of Understanding is received with the application.

The following must be submitted to the AMT Registrar Department:

- Completed Application, all required documentation and all necessary signatures
- Any separate evaluations, if required
- Official **FINAL** school transcript showing successful completion of training for your specialty certification (copies not accepted, transcript must be signed and have school seal affixed)
- Application fee

2. Processing Your Application: Once AMT receives and approves your completed application, you will receive a letter with instructions on how to schedule your exam. If your application is not complete, you will receive a letter from AMT specifying the missing information. Additionally you may track the progress of your application online at www.americanmedtech.org.

NOTE: If applying through a work experience route, AMT will need to verify employment. Please note that verification may add substantial time to the processing and completion of your application.

3. Preparing for the Exam: A listing of available resources, including an outline of the exam content, reference study materials, and practice tests (note that practice tests are not available for all certification specialties) is available at: www.americanmedtech.org.

4. Taking the Exam: Schedule the exam during a time that is convenient to you. A list of testing centers is available on the Pearson VUE website: www.pearsonvue.com. All candidates must bring two forms of identification with them to the testing center, one of which must be a photo ID.

If you are taking the exam at a Pearson VUE site or at your school using Pearson VUE technology, the exam score will be displayed on the screen immediately upon completion of the examination. While this information is available to you, please note that you are not considered certified until you receive official documentation from AMT. If you are taking the examination by the Paper & Pencil administration, scores will not be available for 6 – 8 weeks and will only be released by letter if your application is completed.



AMT
American Medical Technologists
Certifying Excellence in Allied Health

Note: *If the applicant fails to take a scheduled examination (No-Show), or cancels a test outside of the 24 hour cancellation window, a retesting fee will be required before he/she may sit for the rescheduled examination.*

An applicant may take the examination up to four times on the original application. A retake is permitted no sooner than three (3) months from the first attempt and no later than 2 (two) years after the date of the receipt of the application. A retesting fee will be required for this second administration. If the applicant fails the second administration, he/she **must** submit the Third Test Eligibility Form with a new fee, and proof of further education/training to be tested a third time. The applicant is also eligible to take the examination a fourth time (if necessary) but must adhere to the time frames and fees on the application. If the applicant fails to honor any application within two (2) years of submission, a new application with appropriate fees must be submitted.

5. Certification: Once AMT receives your score from Pearson VUE, your entire application and all documentation is reviewed once again. If everything is in order, AMT sends an official letter and certificate to you. Upon certification you automatically become a member of AMT and have access to a number of valuable resources, including career assistance. Visit www.americanmedtech.org for more information.

6. Beyond Certification: On an annual basis, you will be asked to pay a nominal fee in order to keep your certification and membership current. Every three years you will be required, through the Certification Continuation Program (CCP), to submit an attestation that you have acquired a specific number of continuing education credits relevant to your certification specialty. More information on the CCP can be found on the AMT website at www.americanmedtech.org.



INSTRUCTIONS FOR COMPLETING THE AMT APPLICATION

To avoid delays in the processing of your application, complete all sections in their entirety and provide details and documentation as requested. Use dark ink and print or type clearly (except for signatures). **Please note that the application fee is nonrefundable. The application fee covers the cost of the review and processing of the application and the first examination administration.**

Please be aware that AMT certification application forms are amended from time to time. An applicant must comply with eligibility requirements (and pay current application fees) that are in place at the time of submission of the application. If there is any reason to believe that your application is outdated, simply download the current form from the AMT website at www.americanmedtech.org and proceed with the instructions below.

- **Part I: Check Examination Requested.** Identify the certification you are seeking by checking the appropriate box.
- **Part II: Eligibility Route.** Review the eligibility requirements and check the box that best describes the examination route under which you are applying. Eligibility requirements can be found on the AMT website under the appropriate certification being sought.
- **Part III: Personal Information.** The **felony** question and supporting documentation is required. Download the Felony Information Checklist from the AMT website at www.americanmedtech.org.
- **Optional Information:** Used for demographic purposes. By responding to these questions you help AMT track important information about AMT certificants.
- **Part IV: Education and Training.** List all applicable education and training.
 - **NOTE:** Review the area under the bolded line: **To be checked by applicants selecting Eligibility Rout 1 or 2 (not applicable to MT applicants).** You will see a block that must be checked if your school desires that you test for certification prior to completing your course of instruction or externship.



- **Part V: Employment History.** List the full names; addresses; telephone and fax number of all previous employers. Depending on your graduation date, AMT may need to verify up to five (5) years of **CURRENT** work history performing the tasks associated with the certification being sought.

NOTE: If applying through a work experience route, AMT will need to verify employment. Please note that verification may add substantial time to the processing and completion of your application.

- **Part VI: Examinee Agreement.** The agreement asks your permission for AMT to request further information, if necessary, from sources listed in your application. The agreement also asks you to read and promise to abide by AMT testing policies and to release your scores to the training program you completed. A signature is required in order for the application to be processed. The examinee agreement explains the following:
 - Validity Assurance and Score Cancellation
 - Exam Confidentiality and Non-Disclosure Agreement
 - Consent and Validation of Information
 - Informed Consent of Score Use
 - Retesting
 - Testing Prior to Completion of Program
- **Part VII: Payment Information.** Check the appropriate box to indicate the certification that payment is being submitted for. **A nonrefundable application fee is required with the application.** The application fee covers the cost of the review and processing of the application and the first examination administration. Payment can be made by check, money order or credit card. Gift cards are not acceptable.

Return completed application, required documents and application fee to:

American Medical Technologists
10700 W. Higgins Road, Suite 150
Rosemont, IL 60018
847-823-5169
www.americanmedtech.org

Application for Certification

Type or print information clearly and legibly, using blue or black ink, AS IT APPEARS on your driver's license, passport, or state/military-issued ID card. This information MUST match documentation that you bring to the testing center for identification.

Last name	First name	Middle initial
Permanent mailing address		
City	State/Province/Country	Zip
Social Security Number	Date of Birth	
E-mail		
() Phone Number	() Cell	
Maiden and/or any former names	AMT ID# (if known)	

Important Notice to Applicant
Qualified applicants are considered for certification without regard to race, creed, color, national origin, age, gender, disability, or place of employment. Applicants must be of good moral character and pass the related certification examination.

PART I. CHECK EXAMINATION REQUESTED:

- | | |
|---|--|
| <input type="checkbox"/> Registered Medical Assistant (RMA) | <input type="checkbox"/> Medical Technologist (MT) |
| <input type="checkbox"/> Registered Phlebotomy Technician (RPT) | <input type="checkbox"/> Medical Laboratory Technician (MLT) |
| <input type="checkbox"/> Registered Dental Assistant (RDA) | <input type="checkbox"/> Certified Medical Laboratory Assistant (CMLA) |
| <input type="checkbox"/> Certified Medical Administrative Specialist (CMAS) | |

PART II. CHECK ELIGIBILITY ROUTE (found on the eligibility route addendum at www.americanmedtech.org):

- Route 1 Route 2 Route 3 Route 4 Route 5

PART III. PERSONAL INFORMATION

NOTE: THIS QUESTION MUST BE ANSWERED FOR YOUR APPLICATION TO BE PROCESSED

Have you ever been convicted of a felony? Yes No

If **yes**, please submit the felony checklist found on our website and include the following information with your application on a separate piece of paper: date of the felony, nature of the felony, what court and the outcome. Please be specific. Include copies of court documents if available.

Even though AMT may decide to permit a candidate with a felony conviction history to take a certification exam, some healthcare employers may choose not to hire an individual who has been convicted of a felony, even if he or she is certified. Certification is NOT a guarantee of employment.

Optional Information

Gender: Female Male

Race/Ethnic Group: White Black Hispanic American Indian/Alaskan Native Asian/Pacific Islander

Date Application Received	Date Entered	Candidate ID #
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PART IV. EDUCATION AND TRAINING

A. Secondary Education (If applying under the work experience route, proof of high school graduation or equivalent must be provided).

High School Name/Address

Dates Attended

Graduation Date

G.E.D.

Date of Certificate/City/State

B. College or University (MT-MLT requires official school transcripts)

Name/Complete Address

Dates Attended

Hours Completed

Degree Awarded

C. Relevant Certification Training

This section must be completed to verify training and graduation from a course curriculum acceptable to AMT. **AN OFFICIAL FINAL TRANSCRIPT MUST BE PROVIDED UPON GRADUATION.**

School/Program Name _____

Organization ID (if known)

School/Program Address _____

Course Dates: From _____/_____/_____ To _____/_____/_____

Expected Graduation date _____/_____/_____

To be checked by applicants selecting Eligibility Route 1 or Route 2 (not applicable to MT applicants):

I plan to take the AMT certification examination prior to the completion of my program **(not applicable to MT applicants)**. I acknowledge that I will NOT be considered certified by AMT until such time as ALL of the documentation needed to process my application has been submitted and approved, including FINAL transcripts and documentation of program completion.

Some educational institutions use test results obtained by their graduates for outcomes measures and for curriculum improvement purposes. Only check this box if you do NOT authorize AMT to release your examination results to the training institution specified in this application.

PART V. EMPLOYMENT HISTORY (Must be performing the tasks required for certification)

1) _____ From _____/_____/_____ To _____/_____/_____
Employer Name Dates of Employment (month/year)

Address

Address

City

State (Country)

Zip Code (Postal Code)

Name of Supervisor

Phone Number

Fax number

Supervisor's E-mail

PART V. EMPLOYMENT HISTORY (continued)

2) _____ From _____/_____/_____ To _____/_____/_____
Employer Dates of Employment (month/year)

Address

Address City State (Country) Zip Code (Postal Code)

Name of Supervisor

Supervisor's E-mail Phone Number Fax number

3) _____ From _____/_____/_____ To _____/_____/_____
Employer Dates of Employment (month/year)

Address

Address City State (Country) Zip Code (Postal Code)

Name of Supervisor Phone Number Fax number

Supervisor's E-mail

Provide additional employment history on a separate sheet of paper and submit with this application.

PART VI. EXAMINEE AGREEMENT

Please read carefully – you **must** agree to the following policies in order to qualify for this examination:

1. Validity Assurance and Score Cancellation - AMT reserves the right to cancel any examination score if, in AMT's professional judgment, there is any reason to question the score's validity. Circumstances warranting score cancellation may include, but are not limited to: copying from notes or from another examinee's answers; speaking or otherwise communicating with others during the test administration; aiding or receiving aid from other examinees; consulting study aids of any type during the exam; copying, transcribing, or otherwise reproducing test materials; removing test materials from the examination room; or having improper access to AMT exam content prior to the exam administration. Significant score increases upon retesting may also be investigated to ensure the authenticity of results. Misconduct may disqualify you from all future examination attempts and from AMT certification.

2. Exam Confidentiality and Non-Disclosure Agreement - The content of all AMT certification exams is copyrighted and is the property of AMT. Exam materials will be provided to you on a temporary basis for the sole purpose of testing your knowledge and competency in the discipline for which you seek certification. You are required to return any exam materials to the test administrator immediately after completing the exam, and you are prohibited from using or possessing AMT examination content for any other purpose or at any other time. You agree not to disclose, publish, copy, reproduce, transmit or distribute exam content, in whole or in part, in any form or by any means, for any purpose, without the express prior written authorization of AMT's Director of Testing and Competency Assurance. The unauthorized disclosure, publication, copying, reproduction, transmission, distribution or possession of exam content or materials in any form is a crime and may subject you to civil liability and/or criminal prosecution.

3. Consent and Validation of Information - I consent to give AMT the authority to request the necessary information from individuals, institutions, and/or organizations named herein in order to validate credentials for certification.

4. Informed Consent of Score Use - Some educational institutions request test results obtained by their graduates. By submitting this application, I authorize AMT to release my examination results, if requested, to the training institution program specified in this application.

5. Retesting - Because performance is evaluated with respect to all content areas, failing candidates who choose to retake the test are required to retake the entire examination. Candidates are allowed to retake the examination three additional times after the first failure. After the first failure, candidates may retake the examination ONE additional time without submission of additional paperwork. However, candidates must file an examination retake form and provide documentation of additional training or retraining prior to attempting the examination a third time. **The applicant may not be considered for certification if he/she fails the examination the fourth time.**

6. Testing Prior to Completion of Program - My certification examination may be administered under special circumstances. I understand that I am NOT certified by AMT until such time as all of the documentation needed to process my certification has been submitted to and approved by AMT, including transcripts of final grades and documentation of graduation. Moreover, I agree that I will make no statement or imply that I am certified by AMT until such time as AMT has finalized its process and granted certification to me.

I certify that the statements made herein are true and correct, to my knowledge and belief, and realize that certification is subject to revocation for misrepresentation. If accepted as a certificant, I agree to uphold and abide by the Standards of Practice and bylaws of the American Medical Technologists.

Please indicate your agreement with these policies:

Signature: _____ Date: _____

PART VII. PAYMENT INFORMATION

- | | |
|--|--|
| <input type="checkbox"/> Registered Medical Assistant (RMA) \$95 | <input type="checkbox"/> Medical Technologist (MT) \$130 (\$165 International) |
| <input type="checkbox"/> Registered Phlebotomy Technician (RPT) \$95 | <input type="checkbox"/> Medical Laboratory Technician (MLT) \$130 (\$165 International) |
| <input type="checkbox"/> Registered Dental Assistant (RDA) \$95 | <input type="checkbox"/> Certified Medical Laboratory Assistant (CMLA) \$95 |
| <input type="checkbox"/> Certified Medical Administrative Specialist (CMAS) \$95 | |

By sending your completed, signed check to AMT, you authorize AMT to use the account information from your check to make a one-time electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

- Visa Master Card Discover Card American Express Check/money order enclosed (Payable to AMT)

Credit card number: _____ Expiration: _____

Billing address of credit card holder: _____

Credit card holder's e-mail: _____ Phone #: _____

Name on Card: _____ Signature: _____

IMPORTANT NOTES:

APPLICATION FEE IS NON-REFUNDABLE. THE APPLICATION FEE COVERS THE COST OF THE REVIEW AND PROCESSING OF THE APPLICATION AND THE FIRST EXAMINATION ADMINISTRATION. A retesting fee of \$70.00 (\$85.00 International) will be required for a second administration or if the applicant fails to show for a scheduled examination. This fee must be paid before he/she may sit for the examination. A retake is permitted no sooner than three (3) months from the first attempt and no later than two (2) years after the original date of the receipt of the application.

Please be aware that AMT's certification application and retesting forms are amended from time to time with changes impacting those eligibility requirements stated in the application. All applicants will be held to compliance with current eligibility requirements (including current fees) that are in place at the time of submission of their application, notwithstanding differences from the older version being submitted. All current AMT certification applications and retesting forms are available for viewing and printing at AMT's website, www.americanmedtech.org.

AMERICAN MEDICAL TECHNOLOGISTS

10700 W. Higgins Road, Suite 150 • Rosemont, Illinois 60018 • Phone (847) 823-5169 • www.americanmedtech.org

CERTIFICATION ELIGIBILITY CRITERIA

Registered Medical Assistant

1. Applicant shall be of good moral character.
2. Applicant shall meet one of the following eligibility routes:

ROUTE 1 (EDUCATION): Applicant shall be a recent graduate of, or be scheduled to graduate from, an accredited medical assisting program.^{1,2,3}

ROUTE 2 (MILITARY): Applicant shall be a recent graduate of, or be scheduled to graduate from, a formal medical services training program of the United States Armed Forces.³

ROUTE 3 (WORK EXPERIENCE): Applicant shall have been employed as a medical assistant for a minimum of five out of the last seven years, no more than two years of which may have been as an instructor in a post- secondary medical assistant program. Proof of high school graduation (or equivalent) is required.

ROUTE 4 (INSTRUCTOR): Applicant shall be currently instructing in an accredited medical assisting program¹, shall have completed a course of instruction in a healthcare discipline related to medical assisting, and shall have a minimum of five years of teaching experience in a medical assisting discipline that encompasses a range of both clinical and administrative competencies that are broadly representative of core medical assisting duties. An applicant who has less than five years of teaching experience, but more than one year, shall provide documentation of at least three years of full-time clinical work experience in a healthcare profession in which the scope of practice is commensurate with, or exceeds, the medical assisting scope of practice.

ROUTE 5 (OTHER RECOGNIZED EXAM): Applicant shall have taken and passed another certification organization's generalist examination for medical assisting, provided that the organization's exam has been approved by the AMT Board of Directors and that the applicant can meet eligibility Routes 1, 2, 3 or 4. No examination is required.

3. Applicant applying under Routes 1, 2, 3 or 4 shall take and pass the appropriate AMT certification examination.

Requirement Footnotes:

1. *Accredited program: Program or institution is accredited by a regional or national accreditation agency approved by the US Department of Education, the Council for Higher Education Accreditation, or otherwise approved by the AMT Board of Directors*
2. *All training programs should include a minimum of 720 clock hours (or equivalent) of didactic training in medical assisting and a clinical externship of no less than 160 hours in duration.*
3. *Applicants seeking certification under eligibility Routes 1 or 2 must have graduated from their academic programs within the past four years. Applicants whose date of graduation is four years or more prior to the date of their application must also provide evidence of relevant work experience for at least three of the last five years.*