

# 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 - Required Field

\_\_\_\_\_  
E-mail - Required Field

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Phone Number Cell

\_\_\_\_\_  
Maiden and/or any former names AMT ID# (if known)

## Optional Information

**Gender:** Female  Male

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

## 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](http://www.americanmedtech.org)):

- Route 1     Route 2     Route 3     Route 4

## 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 if a candidate meets certification eligibility criteria, AMT may determine that certain types of felony convictions in an applicant's background may preclude an applicant from sitting for an AMT certification examination. (Note: even if an applicant with one or more felony convictions in his or her record is permitted to take the examination and passes it and becomes certified, 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).**

## 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 (Official signed transcripts required)

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):

#### Testing Prior to Completion of Program

- I plan to take the AMT certification examination prior to the completion of my program. 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.

#### Informed Consent of Score Use

- I AUTHORIZE AMT to release my examination results to the primary institution or employer specified in this application. I understand that these scores will be used for outcomes measures and verification of testing only.

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

1) _____ Employer Name	From _____/_____/_____	To _____/_____/_____	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. 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.**

A retesting fee of \$90.00 (\$110.00 for MT/MLT) 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 45 days from the first attempt and no later than one (1) year after the original date of the receipt of the application.

**5. 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.

**APPLICATION FEE IS NON-REFUNDABLE. THE APPLICATION FEE COVERS THE COST OF THE REVIEW AND PROCESSING OF THE APPLICATION AND THE FIRST EXAMINATION ADMINISTRATION.**

**Please indicate your agreement with these policies (unsigned applications will not be processed):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART VII. PAYMENT INFORMATION\***

- Registered Medical Assistant (RMA) \$120
- Registered Dental Assistant (RDA) \$120
- Certified Medical Administrative Specialist (CMAS) \$120
- Medical Technologist (MT) \$160 (\$185 International)
- Medical Laboratory Technician (MLT) \$160 (\$185 International)
- Registered Phlebotomy Technician (RPT) \$120
- Certified Medical Laboratory Assistant (CMLA) \$120

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: \_\_\_\_\_ CVV: \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing address of credit card holder: \_\_\_\_\_

Credit card holder's e-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**IMPORTANT NOTES:**

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](http://www.americanmedtech.org).

**AMERICAN MEDICAL TECHNOLOGISTS**

**10700 W. Higgins Road, Suite 150 • Rosemont, Illinois 60018 • Phone (847) 823-5169 • [www.americanmedtech.org](http://www.americanmedtech.org)**