

EXAMINATION RETAKE FORM - (THIRD TIME EXAMINEE)

1. Applications are valid for **ONE (1)** year from the date of submission.
 2. Applicants are limited to a life-time of four (4) examination attempts for any **one** AMT certification, regardless of the number of times a new application is submitted for that certification.
 - Retraining documentation is required for those taking the test for the third time. *
 - Retesting is permitted **NO SOONER THAN** forty-five (45) days from the date of the previous attempt.
 - A processing fee (see below) is required for each attempt of the certification examination (see chart below). **If the original application has expired, a NEW application and application fee MUST be submitted.**
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NAME: _____ APPLICANT ID: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ CELL: _____

Applicants wishing to attempt a certification examination for the third time must submit evidence of additional training or retraining in each of the areas of deficiency checked on the applicant's second failing notification letter.

To satisfy this criterion, applicants must complete the required number of clock hours of training, and pay the required retesting fee listed below (**CIRCLE or CHECK WHICH CERTIFICATION AND RETESTING FEE APPLIES BELOW**):

CERTIFICATION	CLOCK HOURS PER DEFICIENCY	RETESTING FEE REQUIRED
RMA	20	\$90.00
RPT	8	\$90.00
RDA	15	\$90.00
CMAS	8	\$90.00
MT	10	\$110.00
MLT	10	\$110.00
CMLA	4	\$90.00

NOTE: An applicant's compliance with the retraining requirements is subject to review and acceptance by the Examinations, Qualifications and Standards Committee. The Committee may or may not deem material submitted by the applicant satisfactory with respect to meeting the requirements. Applicants denied the opportunity to test for the third time will be informed as to why the requirements have not been satisfied.

* **Evidence of retraining should include:** 1) a **detailed** outline of the course(s) of study undertaken, 2) the name of the institution, agency or individual (**including credentials**) providing the instruction and 3) official verification of participation in the chosen course(s) of study. This verification should indicate the successful completion of the program of instruction.

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Check which method of training, listed below, was completed to meet the retesting / retraining requirements?

- Professional tutoring by person(s) competent in the applicant's deficient area(s). *Enclose a copy of the tutor's credentials (i.e. certification card, curriculum vitae), a detailed outline of the course of study, and a statement of successful completion by the tutor.*
- Completion of post secondary courses related to the applicant's deficient area(s). *Attach a detailed outline of the course of study (syllabus) and a certificate of course completion (or course transcript).*
- Attendance at lectures, workshops and/or seminars related to the applicant's deficient area(s). *Attach a detailed outline of the program of study and a certificate of completion signed by the program sponsor or presenter.*
- Online training offered by the employer. *Attach a detailed outline of the program / modules of study and a certificate of completion for each module completed. If certificates of completion are not provided, a letter on the organization's letterhead stating that the course(s) have been completed and signed by the program sponsor or presenter can be provided.*

AGREEMENT

I consent to the request of information from individuals, institutions and/or organizations named in the attachments to this request for retesting for validation of credentials for certification eligibility. I certify that the statements made in all attachments 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 AMT. I understand that I will be taking my examination via computer at a Pearson VUE testing center

Signature: _____ Date: _____

Enclosed is my payment: **The retesting fee is NON-REFUNDABLE / NON-TRANSFERABLE. If the applicant passes the certification examination, the current year's registration fee is included. The applicant may not be considered for certification if he/she fails a fourth time.**

Check Money Order Payable to: American Medical Technologists

Visa MasterCard Discover AMEX

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Name on Card: _____

Credit Card Billing Address: _____

City/ State / Zip: _____

Signature: _____ Date: _____

