



## EXAMINATION RETAKE FORM - (2<sup>ND</sup> AND 4<sup>TH</sup> TIME EXAMINEE)

1. Applications are valid for **ONE** (1) year from the date of submission of the application.
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.
  - A retake is permitted NO SOONER THAN forty five (45) days from date of the previous attempt.
  - A **non-refundable / non-transferable** 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.**
  - A candidate who fails a **FOURTH (4<sup>th</sup>)** attempt at certification is not eligible to take that certification examination an additional time.

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NAME: \_\_\_\_\_ APPLICANT ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

I wish to retake the following certification examination for the: **2<sup>nd</sup>** \_\_ **4<sup>th</sup>** \_\_ time

RMA (\$90.00)     RPT (\$90.00)     RDA (\$90.00)     CMAS (\$90.00)     CMLA (\$90.00)

MT (\$110.00)     MLT (\$110.00)

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Enclosed is my payment:  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: \_\_\_\_\_