EXAMINATION RETAKE FORM – CALIFORNIA / WASHINGTON

This form should ONLY be used by active certified AMT members retaking the exam for state licensure.

This authorization is valid for one year from date of submission.

• MT exam for state of California
• RMA exam for state of Washington

1. Applicants are limited to a life-time of four (4) examination attempts for any one AMT certification (including all previous attempts).
2. A retake is permitted NO SOONER THAN forty-five (45) days from date of the previous attempt.
3. A non-refundable / non-transferable processing fee (see below) is required for each attempt of the certification examination (see chart below).
4. A candidate who fails a FOURTH (4th) attempt is not eligible to take that certification examination an additional time.

NAME:  _____________________________________________  APPLICANT ID: ______________
ADDRESS:  __________________________________________________________________________
CITY/STATE/ZIP:  _______________________________________________________________________
PHONE:  ____________________________________   CELL:  ___________________________________

I wish to retake the following certification examination for the purpose of State certification:
☐ RMA ($90.00)  ☐ MT ($110.00) – Please provide your LFS # - ______________________________

Informed Consent of Score Use
☐ I understand that information concerning my performance on this AMT examination may be shared with state licensing boards and other state regulatory oversight agencies.

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:  __________________

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