



AMT

American Medical Technologists

Certifying Excellence in Allied Health

ONLINE APPLICATION TIPS AND SPECIAL INSTRUCTIONS

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1. Online applications can only be purchased by credit/debit card or via a pre-arranged school code
 2. CLC and AHI certification is not part of the online application process. Continue to use paper applications for these certifications.
 3. Care should be given to providing proper spelling, punctuation and capitalization (sentence case). Special symbols (like &, #, * or %) cannot be used as they will cause errors.
 4. Applicants SHOULD NOT submit an *additional* paper application or submit *multiple* online applications (click submit only ONCE, wait for it to process). Checking to make sure a confirmation was received at the email address provided on the application will assure the applicant that AMT has received the online form.
 5. If a school is using the same computer for multiple applicants, remind each applicant to log out after completing the application. A new applicant should delete cookies and log in separately to prevent cross-over of information. (Instructions to delete cookies are on the log in page)
 6. All applicants are strongly encouraged to check the status of their application online. To check the status, applicants can use the login information provided in both the confirmation email as well as the follow-up email sent one week after submission. They can click on the member's homepage to follow the review process and view the items which are still outstanding; i.e. transcripts and work history.

Login

Login with your user name and password.

First time user - Click the New User link, and create an account. You will immediately receive your AMT ID/Password; the site will redirect you to the Application.

Login

Current Members and Registered Users

Applies to current members, former members, student members, applicants or anyone who has previously created an online account.

Username:

Password:

[Login](#)

[New User](#)

[Reset Password](#)

User Name: Email address on file with AMT. If no email, use AMT ID#

Password: Unique password created by you or AMT ID#

Note: Creating a new user account does NOT automatically create an application

Troubleshooting Guide

How to Clear Internet Explorer Temporary Files ([Download](#))

How to Clear Mozilla Firefox Temporary Files ([Download](#))

How to Clear Google Chrome Temporary Files ([Download](#))

1. CERTIFICATION AND ROUTE SELECTION

Start your application by selecting the certification type and eligibility route. Note the detailed descriptions on the right-hand side.

Certification Application

Let's get started...

Select your Certification Type and Eligibility Route: (for more information on eligibility routes, click the **Eligibility Route Descriptions** links on the right side of this page).

Medical Assistant (RMA)

- Route 1 - Education:** recent graduate of, or scheduled to graduate from, a medical assisting program
- Route 2 - Military:** recent graduate of, or scheduled to graduate from, a military program in a medical assisting field
- Route 3 - Work Experience:** worked in the medical assisting field for multiple years. Have not (or have not recently) graduated from a medical assisting program
- Route 4- Instructor:** have been instructing in the allied health field for multiple years
- Route 5 - Other Recognized Exam:** have already been certified through another approved certification agency

- Phlebotomy Technician (RPT)**
- Medical Administrative Specialist (CMAS)**
- Dental Assistant (RDA)**
- Medical Technologist (MT)**
- Medical Laboratory Technician (MLT)**
- Medical Laboratory Assistant (CMLA)**

Eligibility Route Descriptions

- [RMA](#)
- [RPT](#)
- [CMAS](#)
- [RDA](#)
- [MT](#)
- [MLT](#)
- [CMLA](#)

Next

2. DEMOGRAPHIC PAGE

Enter demographic information. If you already have an AMT account, this information will pre-populate.

Check the email address (by clicking the button to the right of it) to ensure that your account doesn't already exist. Duplicate applications result in multiple fees and a delay in processing.

Answer the felony question in order to proceed.

Certification Application

Primary Contact Information

Enter the information as it appears on your driver's license, passport or state/military-issued ID card. This information **MUST** match the documentation that you bring to the testing center for identification.

Prefix

First Name*

Middle Initial

Last Name*

Maiden/Former Name

Suffix

Permanent mailing address*

Mailing Address Cont.

City*

State/Province*

Zip/PostalCd*

Country

Address Type

Primary Phone*

Extension

Alternate Phone

Social Security Number

Date of Birth
(##/##/####)*

Email Address*

Personal Information

Have you ever been convicted of a felony?* Yes No

If yes, please complete the Felony Information Form, specifically explaining the date of the felony, nature of the felony, and court decision. This form is available in the supporting document section at the end of the application. Include copies of all available supporting documentation.

3. EDUCATION

Student Applicants: Enter your education and training. If you are applying under an education route, you do NOT need to include high school information.

Under allied health training, search for your organization through a zip code and/or Organization ID (preferred), which can be obtained from your program director, instructor or employer.

Employee Applicants: If your employer is paying for your application, search and connect to your employer in the *Search for School* link. Then enter the relevant work experience on the next page of this application. If you additionally have relevant allied health training, enter the information under the *Additional Education* section on this page.

Institution Search

Please Enter the values listed below to locate your school.

Institution Name:
School ID
Zip Code

[Search](#)

29 Institution(s) Found that Match Your Search. Select your school by clicking on the Institution Name field. If you are not able to find your school in the list, please add it by clicking the "Add New School" button at the bottom of the page.

1 2 Next >

Institution ID	Institution Name	Address	City	State	Zip
112326	Remington College	19 Remington Rd	Little Rock	AR	72204-8202
112342	Remington College	14445 Broadway Ave	Cleveland	OH	44125
112348	Remington College	11011 W 6th Ave	Lakewood	CO	80215
112377	Remington College	828 Downtowner Loop West	Mobile	AL	36609
112409	Remington College	6302 E Martin Luther King Jr Blvd Suite 400	Tampa	FL	33619
112415	Remington College	875 W Elliot Rd Suite #126	Tempe	AZ	85284
112421	Remington College	8421 W Sam Houston Pkwy South	Houston	TX	77072-5006
112434	Remington College	6050 Erin Park Dr	Colorado Springs	CO	80918
112467	Remington College	3110 Hayes Rd Ste 380	Houston	TX	77082
112566	Remington College	441 Donelson Pike Ste 150	Nashville	TN	37214
112568	Remington College	1800 Eastgate Dr	Garland	TX	75041
112574	Remington College	2710 Nonconahh Blvd Ste 160	Memphis	TN	38132
112599	Remington College	11310 Greens Crossing Blvd Ste 300	Houston	TX	77067

EDUCATION AND TRAINING

Please enter all formal school information (HS, GED, BS, BA, MS, etc) as well as any relevant and accredited training programs. **High school information (and proof of graduation) is only necessary if applying based on work experience.**

IMPORTANT: A final transcript indicating degree awarded must be forwarded to AMT **directly** from the school. Be sure to contact your school to have a final transcript sent to AMT.

Secondary Education (High School)

Degree or Diploma Awarded:
Major or Name of Program
Name of School
Dates Attended (MM/DD/YYYY) From: To:
Actual or Anticipated Graduation or Completion Date (MM/DD/YYYY)
City, State Zip

Allied Health Training

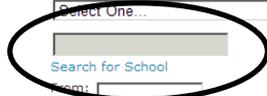
Degree or Diploma Awarded:
Major or Name of Program
Name of School
Dates Attended (MM/DD/YYYY) From: To:
Actual or Anticipated Graduation or Completion Date (MM/DD/YYYY)

College or University

Degree or Diploma Awarded:
Major or Name of Program
Name of School
Dates Attended (MM/DD/YYYY) From: To:
Actual or Anticipated Graduation or Completion Date (MM/DD/YYYY)
City, State Zip

Additional Education

Degree or Diploma Awarded:



At the bottom of the education screen, read and check appropriate boxes:

Check the box to attest that you understand that you have to pass an exam in order to be certified

Check “Yes” in the first circle if you plan to take the exam early---prior to your externship (current students only)

Check “Yes” in the second circle if you require special testing accommodations

Check “Yes” in the third circle if you authorize AMT to release your scores to your organization. Note – a “yes” response will enable your school to use the exam scores as a quality improvement tool for the course curriculum.

I understand that, unless otherwise excepted, I must pass the AMT certification examination in order to be certified.

Yes No I plan to take the AMT certification examination **PRIOR** to going on an externship (**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.

Yes No I am requesting testing accommodations under the Americans with Disabilities Act (ADA) and will provide the documentation required by AMT Policy. This policy can be found in the Supporting Document section at the end of this application.

Yes No I authorize AMT to release my examination results to the training program specified in this application. I understand these scores will be used for outcomes measures and curriculum improvement purposes.

[Previous Page](#)

[Continue to Employment History](#)

4. EMPLOYMENT

Enter all ***pertinent*** employment history. DO NOT include non-healthcare related employment unless it is relevant to your certification.

Please provide employment history for the time span required by your eligibility route. i.e. if you are using the Education Route, it is not necessary to add any employment, unless you graduated more than 4 years ago.

If your employer is paying for your application, enter the relevant information below but ALSO search and connect to your employer under the ***Search for School*** section on the previous page of this application.

Employment History	
Only required for work experience eligibility routes	
Employer Name	<input type="text"/>
Dates Employed(MM/DD/YYYY)	From: <input type="text"/> To: <input type="text"/>
Employer Contact	<input type="text"/>
Employer Street Address	<input type="text"/>
Employer City, State and Zip	<input type="text"/>
Employer Phone	<input type="text"/>
Employer Fax	<input type="text"/> <small>Do not type dashes</small>
Employer Email	<input type="text"/>
Title While Employed	<input type="text"/>
Employer Name	<input type="text"/>
Dates Employed(MM/DD/YYYY)	From: <input type="text"/> To: <input type="text"/>
Employer Contact	<input type="text"/>
Employer Street Address	<input type="text"/>
Employer City, State and Zip	<input type="text"/>
Employer Phone	<input type="text"/>
Employer Fax	<input type="text"/> <small>Do not type dashes</small>
Employer Email	<input type="text"/>
Title While Employed	<input type="text"/>
Employer Name	<input type="text"/>
Dates Employed(MM/DD/YYYY)	From: <input type="text"/> To: <input type="text"/>
Employer Contact	<input type="text"/>
Employer Street Address	<input type="text"/>
Employer City, State and Zip	<input type="text"/>

5. DISCLAIMERS

Read the disclaimer language and click “Agree” on the bottom of the page.

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.**

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.

Agree Disagree

6. PAYMENT

- a. **Individual applicants:** There is an option to purchase a practice exam. Then include your payment information. Your credit card number must correspond to the billing address that you provide in that section.
- b. **Student applicants:** If an Invoice Number or Order Number is provided from your school, enter it in the “coupon code” section of this page. *Do not add a Practice Exam.* Ask your school for instructions regarding a Practice Exam.
- c. **Employee applicants:** If an Invoice Number or Order Number is provided from your employer, enter it in the Coupon Code section below. *Do not add a Practice Exam.* Ask your employer for instructions regarding a Practice Exam.

Cart Payment Page

Type	Item	Price	Qty	Total
Carol Ingmanson				
Certification	Registered Medical Assistant Application	\$100.00	1	\$100.00
Individual Total: \$100.00				

Cart Total: \$100.00

Add an online RMA practice exam to my account at a discounted rate of \$25
 Add an online RPT practice exam to my account at a discounted rate of \$25

Your application will not be processed until payment is received

Totals

Cart Total: \$100.00
Tax: \$0.00

Total Payment: \$100.00

My school will pay

If your school is paying for your application and exam, obtain a coupon code from your instructor.

Enter coupon code:

Other Payment Options

Bill To Address
Enter your billing address below

Same as my Primary Address