



CHANGE OF STATUS APPLICATION

A. RETIRED STATUS – Registrant must not be working at all, and must be at least sixty-five (65) years of age, or subject to retirement polices at the last place of employment. **Date of birth must be filled out on reverse side.**

Annual fees: \$10.00 – All certification types

Additional documentation required: **Evidence of retirement from an official source, such as Social Security Board or letter from your employer.**

B. DISABILITY STATUS – Registrant must not be working at all because of illness, injury or family hardship. (You must provide proof of disability and will be required to provide proof every three years.)

Annual fees: \$10.00 – All certification types

Additional documentation required: **Written verification of circumstances from the physician.**

A registrant holding Retired or Disability status will continue to receive all AMT member benefits including publications.

To return to active status:

1. Inform the AMT Office to arrange for a "Return to Active Status."
2. Resume payment of the full annual fee.

To apply for Retired or Disability status, complete the application on the reverse side and return it with proper fees and any required documentation to the American Medical Technologists.

*Note: If you were required to comply with the Certification Continuation Program (CCP) prior to your status change of disabled or retired, you now have 1 year of returning to active status to get your necessary points into the AMT office.

CHANGE OF STATUS APPLICATION

First Name	Middle Initial	Last Name
Street Address	City/State	Zip Code
E-mail Address	Home Phone Number	Work Phone Number
Maiden Name	Date of Birth	Year Certified by AMT
AMT ID#	Social Security Number	

Check all that apply:

MT

MLT

RMA

RDA

RPT

COLT

CMAS

CMLA

AHI

CLC

Check only ONE section below that applies to your status:

A. Retired Status – Enclosed is my payment of \$10.00, plus written evidence of retirement from an official source.

B. Disability Status – Enclosed is my payment of \$10.00, plus verification of circumstances from a physician.

I am not currently employed at all because **(Please Explain)**

I certify that the information provided herein is true and correct to the best of my knowledge and I have also enclosed any required documentation of my circumstances.

Signature of applicant: _____ Date: _____

You can pay by check, money order or credit card

Visa Master Card Discover American Express

Name on Card: _____ Signature: _____

Account Number: _____ Exp Date: _____

Amount: _____

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.

(Do not complete below – office use only)

Sent by: _____

Date sent: _____

Processed by: _____

Date returned: _____

File: _____

Approved by: _____