AMT
American Medical Technologists
Certifying Excellence in Allied Health

CERTIFICATION CONTINUATION PROGRAM (CCP)
COMPLIANCE EVALUATION WORKSHEET AND ATTESTATION FORM

_____
Last Name, First Name, Initial AMT ID#

_____
Address

_____
City, State, Zip, Country

_____ _____
Email Daytime Phone Number

Please check certification for which this form is submitted (check **only one** per form):

___ MT ___MLT ___RPT ___RMA ___CMAS ___RDA ___CLC ___AHI ___CMLA

Required point totals for the every <u>three-year</u> compliance period: 45 points: MT, MLT, CLC
30 points: RMA, CMAS, RDA, CMLA, AHI
20 points: RPT

	TYPE OF COMPETENCY EXPERIENCE RELATED TO CERTIFICATION	SCORING	MY POINTS
A	***Professional Education:*** self-instructional units, home study, in-service training, seminars, national, state, or local conferences, other structured learning experiences (includes OSHA and CPR training), etc.	Enter one point for each contact hour of education	(Max 45)
B	***Formal Education:*** College or university education related to field of initial certification or current job function. Successful completion of course (obtained a passing grade) to be eligible for credit	Enter 5 points per semester hour and 3 points per quarter hour of credit earned	(Max 45)
C	***Employer Verification:*** Points for continuous, full time, satisfactory employment in your field, as verified by your employer, during the past three years. (Points for part time employment are pro-rated)	Enter 10 points for each year of continued full time employment	(Max 30)
D	***Authorship of Written Works:*** Points for preparation time in authoring scholarly works.	Enter up to 10 points for each written work meeting criteria	(No Max)
E	***Instructional Presentations:*** Points for preparing and presenting an instructional presentation. Credit allowable only once per particular presentation.	Enter 7 points for each presentation meeting criteria.	(No Max)
F	***Organizational Participation:*** Points for participating in career-related organizational activities, such as working boards or committees	Enter 3 points per year for participation in activity	(Max 9)
	TOTAL POINTS EARNED FOR 3-YEAR COMPLIANCE INTERVAL	**Add all points for total**	

<u>Attestation of Compliance</u>. I consent to give AMT authority to request the information necessary from individuals or organizations related to my reported compliance in order to validate my participation in the activities stated. I certify that the information provided herein and the point totals indicated are true and correct, and realize that my certification is subject to revocation for misrepresentation of any type. Being certified after 1/1/06, I understand that my certification was issued for a three-year period only. My current compliance with the program extends my certification for an additional three years only. I further understand that I am required to comply with the program every three years hereafter and pay annual membership dues for the continuation of my certification. I understand that I am subject to an audit for validation of the facts and point totals reported in this document up to six months following the end of my three-year compliance cycle. Should I be audited, I agree to submit to AMT all documentation necessary to validate my compliance with the program ***within 30 days.*** I will retain documentation pertaining to compliance for a minimum of one year following the close of my compliance cycle. I understand that my failure to comply with the program will result in the expiration of my certification. I further understand that the misrepresentation of any information provided with respect to the Certification Continuation Program may result in permanent disqualification from certification. I further testify that my conduct for the past three years has been commensurate with the AMT Standards of Practice. (AMT Standards of Practice are available on the AMT website at www.americanmedtech.org) Attestation: My signature below attests to my understanding of the CCP requirements and the elements of this attestation as described above.

_____ _____
Signature of AMT Certificant Date

Return this form by fax: 847-789-8516, scan/email: <u>ccp@americanmedtech.org</u> or to AMT at the address below
American Medical Technologists, 10700 West Higgins Road, Suite 150, Rosemont, IL 60018