

## RECERTIFICATION BY CCP FORM

Indicate the certification type for which you are seeking recertification.

**Check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Technologist (MT)                          | <input type="checkbox"/> Medical Laboratory Technician (MLT)   |
| <input type="checkbox"/> Registered Medical Assistant (RMA)                 | <input type="checkbox"/> Registered Dental Assistant (RDA)     |
| <input type="checkbox"/> Registered Phlebotomy Technician (RPT)             | <input type="checkbox"/> Allied Health Instructor (AHI)        |
| <input type="checkbox"/> Certified Medical Administrative Specialist (CMAS) | <input type="checkbox"/> Certified Laboratory Consultant (CLC) |
| <input type="checkbox"/> Certified Medical Laboratory Assistant (CMLA)      |  |

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	

**NOTE: THIS QUESTION MUST BE ANSWERED FOR YOUR RECERTIFICATION TO BE PROCESSED**

Have you been convicted of a felony since you were first certified? Yes  No

If **yes**, please submit the felony checklist found on our website and include the following information with your application on a separate piece of paper: date of the felony, nature of the felony, what court and the outcome. Please be specific. Include copies of court documents if available.

**Recertification Fees**

- MT/MLT/CLC - \$295       RMA/CMAS/RDA/CMLA/RPT - \$175       AHI - \$115

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.

- Visa    Master Card    Discover Card    American Express    Check/money order enclosed (Payable to AMT)

Credit card number: \_\_\_\_\_ CVV#: \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing address of credit card holder: \_\_\_\_\_

Credit card holder's e-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

WE WILL NOT HOLD OR PROCESS ANY RECERTIFICATION FORM WITHOUT THE ENCLOSED REQUIRED FEE AND ALL DOCUMENTATION OF STATED ACTIVITIES, NOR WILL AMT PROCESS IF THE FORM IS NOT COMPLETELY FILLED OUT.

## 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 three-year compliance period:**  
 45 points: MT, MLT, CLC  
 30 points: RMA, CMAS, RDA, CMLA, AHI  
 24 points: RPT

	TYPE OF COMPETENCY EXPERIENCE RELATED TO CERTIFICATION	SCORING	MY POINTS
A	<b>Professional Education:</b> 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	<b>Formal Education:</b> 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	<b>Employer Verification:</b> 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 6 points for each year of continued full time employment	(Max 18)
D	<b>Authorship of Written Works:</b> Points for preparation time in authoring scholarly works.	Enter up to 10 points for each written work meeting criteria	(No Max)
E	<b>Instructional Presentations:</b> 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	<b>Organizational Participation:</b> Points for participating in career-related organizational activities, such as working boards or committees	Enter 7 points per year for participation in activity	(Max 21)
<b>TOTAL POINTS EARNED FOR 3-YEAR COMPLIANCE INTERVAL</b>		<b>Add all points for total</b>	

Attestation of Compliance. 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](http://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