A medical technologist is an individual able to perform a full range of technical, supervisory, and teaching responsibilities related to the clinical laboratory. Medical technologists perform complex chemical, biological, hematological, immunologic, microscopic, and bacteriological tests. They also type and cross match blood samples for transfusions. Medical laboratory technologists evaluate test results, develop and modify procedures, and establish and monitor programs.

**IMPORTANT NOTICE TO APPLICANT**

Read requirements for certification and instructions included in this application before completing. Please note that an official school transcript is required.

Qualified applicants are considered for certification without regard to race, creed, color, national origin, age, gender, disability, or place of employment.
PART I. ELIGIBILITY

Check the box that best meets your eligibility:

1. Applicant shall be of good moral character.

2. Applicant shall be a graduate of:
   A. an accredited medical technology program with a bachelor’s degree in medical technology, or
   B. an accredited college or university with a bachelor’s degree, with a major in one of the biological or chemical sciences, and either
      I. completed an accredited academic program in medical technology following the earning of the bachelor’s degree referenced in “B” above, or
      II. completed at least one year of approved laboratory experience within the last five years (see definition of “approved laboratory experience” in part III below).

With respect to eligibility routes 2A and 2B, educational programs acceptable toward meeting MT certification requirements must include laboratory experience as part of the curricula. Applicants graduating from academic programs that do not include an experiential component must obtain and document evidence of current laboratory experience prior to being eligible for certification.

Applicants seeking certification under eligibility routes 2A and 2B must have graduated from their degree program within the past FIVE years. Applicants graduating longer than five years from date of application must provide evidence of current laboratory experience.

3. Applicant must take and pass the AMT certification examination for Medical Technologist (MT).

4. Notwithstanding Criterion #3 above, the AMT Board of Directors has determined that the following applicants may be considered for MT (AMT) certification without further examination:
   A. Applicant has taken and passed another certification organization’s generalist examination for medical technologist, provided that the organization’s exam has been approved by AMT, and provided that the applicant meets AMT’s training, experience and educational requirements.
   B. Applicant has taken and passed a generalist medical technologist level examination for state licensure, provided that the state’s exam has been approved by AMT, and provided that the applicant meets AMT’s training, experience and educational requirements.

Provided, in both cases, that the applicant is currently employed, or has recent experience (working in three of the last five years), as a medical technologist.

PART II. PERSONAL INFORMATION

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, please 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. NOTE: This question must be answered for your application to be processed.

Optional Information

Sex: Female ☐ Male ☐
Race/Ethnic Group: White ☐ Black ☐ Hispanic ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐

PART III. APPROVED LABORATORY EXPERIENCE

All laboratory experience credited toward certification must be in a laboratory, which performs chemical, physical, biological, histological or cytological examination of various body fluids and tissues. It may be:

1. in a clinical laboratory (a) directed by a physician licensed as a Medical Doctor (MD) or Doctor of Osteopathy (DO), or (b) directed by a person holding an earned doctorate degree in one of the sciences, or (c) approved for service to patients under “Conditions for Coverage of Service of Independent Laboratories” Under Medicare.

2. in a Research Laboratory (a) operated by an accredited college or university, or (b) directed by the holder of an earned doctorate degree. All laboratory experience credited toward certification must be in a laboratory, which performs chemical, physical, biological, histological or cytological examination of various body fluids and tissues.

3. in a Hospital Laboratory (a) accredited by the Joint Commission on Accreditation of Health Care Organizations, or (b) accredited by the Bureau of Hospitals of the American Osteopathic Association, or (c) accredited by an agency approved by Medicare.

4. In any other type of health care facility where such skills and experience may be acquired, such as a HMO, POL, Group Practice, etc.

The Laboratory experience should be as varied as possible, covering those disciplines of medical technology originally assigned to the generalist medical technologist or medical laboratory technician. The Laboratory experience must be within the last five years. Where required, laboratory experience will be verified by AMT with the facilities listed on the next page:
### PART III. APPROVED LABORATORY EXPERIENCE (continued)

<table>
<thead>
<tr>
<th>Name of Lab and Director</th>
<th>Address</th>
<th>Dates of Employment (month/year)</th>
<th>Fax number of employer</th>
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**PART IV. EDUCATION AND TRAINING**

#### A. Secondary High School

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<tr>
<th>Name/Address</th>
<th>Dates Attended</th>
<th>Graduation Date</th>
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**G.E.D.:**

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<th>Date of Certificate/City/State</th>
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#### B. College or University

Official school transcript is required, please contact your school’s registrar to forward transcript to AMT.

<table>
<thead>
<tr>
<th>Name/Complete Address</th>
<th>Dates Attended</th>
<th>Hours Completed</th>
<th>Degree Awarded</th>
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Foreign transcripts must be evaluated and the ORIGINAL evaluation must be submitted with this application.

#### C. Medical Laboratory School (Proof of graduation must be provided)

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<tr>
<th>Name/Complete Address</th>
<th>Dates Attended</th>
<th>Year Completed</th>
<th>Degree/Diploma/Certificates</th>
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### PART V. RECOMMENDATION FOR CERTIFICATION

If you are applying under eligibility route 2A or 2B and have graduated from your healthcare training program more than three years ago, this section must be completed for your application to be processed.

**Printed name of healthcare related supervisor or employer**

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**Signature**

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**Address**

**E-mail**

**Telephone**
PART VI. 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 filing a new application. However, candidates must file a new application 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:

Signature: __________________________ Date: __________________________

IMPORTANT NOTES:

APPLICATION FEE IS NON-REFUNDABLE. Applicant may take the examination two times on this application. A retake is permitted no sooner than three (3) months from the first attempt and no later than two (2) years after the date of the application. A retesting fee of $85.00 will be required for a second administration. If the applicant fails to show for a scheduled examination, a fee of $85.00 will be required before he/she may sit for the rescheduled examination. If the applicant fails the second administration, he/she must file a new application with a new fee of $165.00, and proof of further education/training to be tested a third time. The applicant may also take the examination two times on the second application but must adhere to the time frames and fees as stated above. If the applicant fails to honor any application within two (2) years of submitting, a new application with appropriate fees must be filed.

Please be aware that AMT’s certification application forms are amended from time to time with changes impacting those eligibility requirements set forth in the application. Therefore, if you are submitting an application form that was printed several months or years ago, it may not disclose current criteria and conditions added subsequent to the printing of that form. All applicants are held to compliance with current eligibility requirements (including payment of current fee amounts) that are in place at the time of submission of their application, notwithstanding differences from the older, printed application being submitted. All current AMT certification applications are available for viewing and printing at AMT’s website, www.amt1.com.

By completing and submitting this application to AMT, I confirm that I have read and agree to the provisions stated herein.

PART VII. PAYMENT INFORMATION

Enclosed herewith is my application fee of one hundred and sixty-five dollars $165.00. I understand this fee is non-refundable.

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. Please contact the account receivable department at jackie.leibach@amt1.com for other payment options.

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

Credit card number: __________________________ Expiration: __________________________

Name on Card: __________________________ Signature: __________________________