

CHANGE OF STATUS APPLICATION

To apply for retired or disability status, members must be active and in good standing. Submit the completed application with proper fees and any required documentation to AMT. A member holding retired or disability status will continue to receive all AMT member benefits including publications. You will need to contact AMT if you plan to return to "Active Status". You will then resume payment of the full annual fee. If you were required to comply with the Certification Continuation Program (CCP) prior to your status change to disabled or retired, you have 1 year after returning to active status to submit the necessary points to AMT.

First Name	Middle Initial	Last Name
Street Address	City/State	Zip Code
E-mail Address		Daytime/Cell Phone Number
AMT ID#	Year Certified by AMT	Date of Birth

Please check all that apply: MT MLT RPT RMA CMAS RDA CLC AHI CMLA MDT

Check box indicating section below that applies to your status:

RETIRED STATUS – Member **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 and provide **evidence of retirement from an official source, such as Social Security Board or letter from your employer.**

I have enclosed my payment of \$10.00, for each active certification held along with written evidence of retirement from an official source.

DISABILITY STATUS – Member **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.)

I have enclosed my payment of \$10.00, for each active certification held, along with verification of circumstances from a physician and written documentation of my circumstances.

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: _____

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

Credit card number: _____ EXP: _____ CVV#: _____

Billing address of credit card holder: _____

Credit card holder's e-mail: _____ Phone #: _____

Name on card: _____ Signature: _____

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.

Return this form by fax: 847-823-0458, scan/email: mail@americanmedtech.org or to AMT at the address below
American Medical Technologists, 10700 West Higgins Road, Suite 150, Rosemont, IL 60018