



EXAMINATION RETAKE FORM – CALIFORNIA / WASHINGTON

This form should **ONLY** be used by active certified AMT members retaking the exam for state licensure.

This authorization is valid for one year from date of submission.

- **MT exam for state of California**
 - **RMA exam for state of Washington**
1. Applicants are limited to a **life-time** of four (4) examination attempts for any **one** AMT certification (including all previous attempts).
 2. A retake is permitted **NO SOONER THAN** forty-five (45) days from date of the previous attempt.
 3. A **non-refundable / non-transferable** processing fee (**see below**) is required for each attempt of the certification examination (see chart below).
 4. *A candidate who fails a **FOURTH (4th)** attempt is not eligible to take that certification examination an additional time.*

NAME: _____ APPLICANT ID: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ CELL: _____

I wish to retake the following certification examination for the purpose of State certification:

RMA (\$90.00) MT (\$110.00) – Please provide your LFS # - _____

Informed Consent of Score Use

I understand that information concerning my performance on this AMT examination may be shared with state licensing boards and other state regulatory oversight agencies.

Enclosed is my payment: Check Money Order (Payable to: American Medical Technologists)

Visa MasterCard Discover AMEX

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Name on Card: _____

Credit Card Billing Address: _____

City/ State / Zip: _____

Signature: _____ Date: _____