EXAMINATION RETAKE FORM

1. Applications are valid for ONE (1) year from the date of submission of that application.
2. Applicants are limited to a life-time of four (4) examination attempts for any one AMT certification, regardless of the number of times a new application is submitted for that certification.

- A retake is permitted NO SOONER THAN forty-five (45) days from date of the previous attempt.
- A non-refundable / non-transferable processing fee (see below) is required for each attempt of the certification examination (see chart below). If the original application has expired, a NEW application and application fee MUST be submitted.
- A candidate who fails a FOURTH (4th) attempt at certification 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:  2nd  __  3rd  ____  4th (and final)  ____ time
☐ RMA ($90.00)  ☐ RPT ($90.00)  ☐ RDA ($90.00)  ☐ CMAS ($90.00)  ☐ CMLA ($90.00)
☐ MT ($110.00)  ☐ MLT ($110.00)

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: __________

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