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: ____________________________