

CERTIFICATION CONTINUATION PROGRAM (CCP) COMPLIANCE AND ATTESTATION FORM

First Name	Middle Initial	Last Name
Street Address	City/State	Zip Code
E-mail Address		
AMT ID#		Daytime Phone Number

Please check certification for which this form is submitted (check **only one** per form). **Total points shown below are required for every three-year compliance period.**

- MT 45 points
 MLT 45 points
 RPT 24 points
 RMA 30 points
 CMAS 30 points
 RDA 30 points
 CLC 45 points
 AHI 30 points
 CMLA 30 points
 MDT 36 points

*Only record points NOT entered through AMTrax

Type of Competency Experience Related to Certification		Scoring	Max Points	Points Earned*
A	Professional Education: Employer in-service training, national, state, or local seminars, other structured learning experiences (includes OSHA and CPR training), etc.	1 point for each contact hour of education	45	
B	Formal Education: College level courses pertaining to your certification or other health care related field. A passing grade (defined by the college) is required to receive CCP points.	5 points per semester hour and 3 points per quarter hour of credit earned	45	
C	Employer Verification: Points for full time employment in your field, verified by your employer within the current 3-year cycle. Full-time (30-40 hrs./wk. = 0.5 per month) Part-time (20-30 hrs./wk. = 0.25 per month) Limited (20hrs.wk. = 0.1 per month)	6 points for each year of continued full-time employment	18	
D	Authorship of Written Works: Points for published written work, such as articles, related to your certification or other health care field.	Up to 10 points for each written work meeting criteria	No max	
E	Instructional Presentations: Points for preparing and presenting an instructional presentation. You cannot claim additional credit for giving the same presentation multiple times.	7 points for each presentation meeting criteria.	No max	
F	Organizational Participation: Points for participating in career-related organizational activities, such as working boards or committees.	3 points per year for participation in activity	9	
Total points earned for 3-year compliance interval			Add all points earned and record total	Total

Attestation of Compliance. I consent to give AMT authority to request the information necessary from individuals or organizations related to my reported compliance in order to validate my participation in the activities stated. I certify that the information provided herein, and the point totals indicated are true and correct, and realize that my certification is subject to revocation for misrepresentation of any type. Being certified after 1/1/06, I understand that my certification was issued for a three-year period only. My current compliance with the program extends my certification for an additional three years only. I further understand that I am required to comply with the program every three years hereafter and pay annual membership dues for the continuation of my certification. I understand that I am subject to an audit for validation of the facts and point totals reported in this document up to six months following the end of my three-year compliance cycle. Should I be audited, I agree to submit to AMT all documentation necessary to validate my compliance with the program within 30 days. I will retain documentation pertaining to compliance for a minimum of one year following the close of my compliance cycle. I understand that my failure to comply with the program will result in the expiration of my certification. I further understand that the misrepresentation of any information provided with respect to the Certification Continuation Program may result in permanent disqualification from certification. I further testify that my conduct for the past three years has been commensurate with the AMT Standards of Practice. (AMT Standards of Practice are available on the AMT website at www.americanmedtech.org) Attestation: My signature below attests to my understanding of the CCP requirements and the elements of this attestation as described above.

Signature of AMT Certificant _____ Date _____