



CERTIFICATION VERIFICATION SERVICES REQUEST FORM

1. To request a state verification, complete and return this form with your payment. Do NOT submit this form until you have submitted your application for state licensure to the state in which you are applying.
2. To request visa screening, complete and return this form with your payment, along with a completed visa screening form that can be obtained by emailing support@CGFNS.org.
3. If payment is made by credit card, this form can be submitted by email to documents@americanmedtech.org.
4. **The service fees below are non-refundable.**

Full Name _____
 Street Address _____
 AMT/Candidate ID# _____ SSN# _____
 Email Address _____ Phone Number _____
 City _____ State _____ Zip/Postal Code _____

State for which certification is requested: _____

| SERVICES REQUESTED | MEMBER* FEE PER LETTER | NON-MEMBER* FEE PER LETTER | TOTAL |
|--|--|---|-------|
| ┘ Verification of certification letter to state | \$40.00 | \$60.00 | |
| ┘ Validation of registration/license for visa screen | \$75.00 (includes priority mailing of letter and tracking information) | CGFNS will deny applications for inactive members | |

***Must be a currently active member of AMT to take advantage of discounted member fee.**

Pay by check, money order or credit card Total Amount of Order _____

┘ **Visa** **MasterCard** **Discover** **AMEX** Total Fees Enclosed _____

Name on Card _____ Amount _____

Account Number _____

Exp. Date _____ CVV: _____

Billing address of card holder _____

Signature _____ Date _____

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.

(Do not complete below – office use only)

Sent By _____

Date Sent _____

Processed By _____

Date Returned _____