



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: _____