



EXAMINATION RETAKE FORM – CALIFORNIA / WASHINGTON

This form should **ONLY** be used by active certified AMT members retaking the RMA exam for state of Washington OR MT exam for state of California exam for state licensure.

This authorization is valid for one year from date of submission.

1. Applicants are limited to a **lifetime** of four (4) examination attempts for any **one** AMT certification (including all previous attempts).
2. A retake is permitted NO SOONER THAN forty-five (45) days from date of the previous attempt.
3. A **non-refundable / non-transferable** processing fee (**see below**) is required for each attempt of the certification examination (see chart below).
4. *A candidate who fails a **FOURTH (4th)** attempt 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 purpose of State certification RMA (\$90.00)

RMA ONLY: I will be testing: At a Pearson VUE testing center Online using a personal computer

CA State Licensure MT (\$110.00) – Please provide your LFS # - _____

Informed Consent of Score Use

I understand that information concerning my performance on this AMT examination may be shared with state licensing boards and other state regulatory oversight agencies.

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: _____