

Application for Recertification by CCP Checklist

This checklist can be used to guide you through AMT's Recertification by CCP Application. Please use this worksheet as a final check before submitting your recertification application to AMT.

PART I. CHECK RECERTIFICATION REQUESTED:

I have checked the box indicating the certification I am seeking to recertify and am aware of the CCP points required.

CCP POINT TOTALS REQUIRED:

Registered Medical Assistant (RMA) – **30**
Registered Phlebotomy Technician (RPT) – **24**
Registered Dental Assistant (RDA) – **30**
Certified Medical Administrative Specialist (CMAS) – **30**
Allied Health Instructor (AHI) – **30**

Medical Technologist (MT) – **45**
Medical Laboratory Technician (MLT) – **45**
Molecular Diagnostics Technologist (MDT) – **36**
Certified Medical Laboratory Assistant (CMLA) – **30**
Certified Laboratory Consultant (CLC) – **45**

PART II. PERSONAL INFORMATION:

I answered the felony question.

If I answered yes, I have completed the felony checklist on the AMT website at get certified/forms and documents and documented the required information to submit along with my recertification application.

- Date of felony
- Nature of Felony
- Name of court
- Outcome

PART III. DOCUMENTATION AND ATTESTATION:

I have recorded the total number of CCP points earned for each type of competency experience related to my certification.

When added up, I have verified that the total CCP points earned equals the required number of points for my certification.

I have obtained proof of my CCP points and will submit it along with my recertification application.

I am claiming points under employer verification and have included the completed CCP Employment Verification Form.

I have signed and dated the attestation.

PART IV. PAYMENT INFORMATION:

I have checked the box indicating the certification I am seeking to recertify and fee required.

I have completed the payment information.

The recertification fee is non-refundable and non-transferable. This fee covers the the cost of reviewing and processing the form and documents.

IMPORTANT NOTES:

- The Recertification by CCP Application **MUST** be completed and accompanied by all required documentation and sent in one single submission. Do **NOT** submit your application until you have all the required documentation.
- **The application is valid for 90 days from date of submission.**
- You must meet the current eligibility requirements for your certification, available for review on the AMT website.
- Please use the CCP Guidance Document (found on the AMT website) for further assistance in determining points. The point total required to meet CCP compliance **MUST** have been completed within the most recent 3-year timeframe from the date of submission.
- Please allow up to 15 business days for processing. You will be notified by email if any additional information is needed.



Application for Recertification by CCP

- Applications are valid for 90 days from the date of submission.
- A **non-refundable/non-transferable** recertification fee is required for each certification for which you are seeking to recertify.
- You must meet current eligibility requirements.
- If the Recertification by CCP Application expires prior to the recertification process being completed, a new application and fee must be submitted.

Type or print information clearly and legibly, using blue or black ink, AS IT APPEARS on your driver's license, passport, or state/military-issued ID card.

Last Name*			First Name			Middle Initial		
Mailing Address								
City			State/Province/Country			Zip		
Social Security Number						Date of Birth		
E-mail								
Phone Number						Cell Number		
Maiden and/or any former names						AMT ID# (if known)		

*If your name has recently changed, submit the Name Change Form (located on the AMT website) with your required documentation.

PART I. CHECK RECERTIFICATION REQUESTED:

- | | |
|---|--|
| <input type="checkbox"/> Registered Medical Assistant (RMA) | <input type="checkbox"/> Medical Technologist (MT) |
| <input type="checkbox"/> Registered Phlebotomy Technician (RPT) | <input type="checkbox"/> Medical Laboratory Technician (MLT) |
| <input type="checkbox"/> Registered Dental Assistant (RDA) | <input type="checkbox"/> Molecular Diagnostics Technologist (MDT) |
| <input type="checkbox"/> Certified Medical Administrative Specialist (CMAS) | <input type="checkbox"/> Certified Medical Laboratory Assistant (CMLA) |
| <input type="checkbox"/> Allied Health Instructor (AHI) | <input type="checkbox"/> Certified Laboratory Consultant (CLC) |

PART II. PERSONAL INFORMATION

NOTE: THIS QUESTION MUST BE ANSWERED FOR YOUR APPLICATION TO BE PROCESSED

Have you been convicted of a felony since you were first certified? Yes No

If **yes**, please submit the felony checklist found on our website and include the following information with your application on a separate piece of paper: date of the felony, nature of the felony, what court and the outcome. Please be specific. Include copies of court documents if available.

AMT may determine that certain types of felony convictions in an applicant's background may preclude an applicant from being recertified. (Note: even if an applicant with one or more felony convictions in his or her record is permitted to recertify, some healthcare employers may choose not to hire an individual who has been convicted of a felony, even if he or she is certified. Certification is not a guarantee of employment).

All applicants will be held to compliance with current eligibility requirements (including fees) that are in place at the time of submission of their application. All current AMT certification eligibility requirements are available on AMT's website, www.americanmedtech.org.

PART III. DOCUMENTATION AND ATTESTATION

I am including documentation for ALL of the required number of CCP points earned in the past 3-year period for my certification as indicated below.

TYPE OF COMPETENCY EXPERIENCE RELATED TO CERTIFICATION	SCORING	MY POINTS
Professional Education (Max 45)	Enter one point for each contact hour of education	
Formal Education (Max 45)	Enter 5 points per semester hour and 3 points per quarter hour of credit earned	
Employer Verification (Max 18)	Enter 6 points for each year of continued full-time employment (Include the CCP Employment Form)	
Authorship of Written Works (No Max)	Enter up to 10 points for each written work meeting criteria	
Instructional Presentations (No Max)	Enter 7 points for each presentation meeting criteria.	
Organizational Participation (Max 9)	Enter 3 points per year for participation in activity	
AMT Online Continuing Education (No Max)	Enter points earned for online courses	
TOTAL POINTS EARNED FOR 3-YEAR COMPLIANCE INTERVAL (Add all points for total)		

I certify that the CCP documentation provided and the point totals indicated are true and correct and realize that my certification is subject to revocation for misrepresentation of any type.

I testify that I have reviewed and meet the current eligibility requirements for my certification and testify that my conduct for the past three years has been commensurate with the AMT Standards of Practice. (available on the AMT website at www.americanmedtech.org)

I understand that once recertified, I am required to comply with the program every three years hereafter and pay annual renewal fees for the continuation of my certification. I understand that my failure to comply with the program will result in decertification.

My signature below indicates my agreement with these policies and attests to my understanding of the CCP requirements (**unsigned applications will not be processed**):

Signature: _____ Date: _____

PART IV. PAYMENT INFORMATION

- MT/MLT/MDT - \$310 RMA/RPT/CMAS/RDA/CMLA/RPT - \$205 AHI - \$115 CLC - \$295

THE RECERTIFICATION FEE COVERS THE COST OF THE REVIEW AND PROCESSING OF THE APPLICATION AND DOCUMENTS. **THIS FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE.**

- Visa Master Card Discover Card American Express Check/money order enclosed (Payable to AMT)

Credit card number: _____ CVV# _____ Expiration: _____

Billing address of credit card holder: _____ Zip Code: _____

Credit card holder's e-mail: _____ Phone #: _____

Name on Card: _____ Signature: _____

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.

RETURN THIS FORM BY: Scan/email: ccp@americanmedtech.org or mail:
American Medical Technologists, 10700 West Higgins Road, Suite 150, Rosemont, IL 60018



CCP EMPLOYMENT VERIFICATION FORM
For use by certified or decertified AMT members only

Complete the top portion of this form and provide a copy to the employer(s) for whom you have worked for the past three years. Request that they complete the form and return it to you. Maintain the original in your files. If re-certifying, send a copy of this form with your application for recertification.

Last Name	First Name	Middle Initial
Mailing Address		
City	State/Province/Country	Zip
E-mail	Daytime Phone Number	AMT ID# (if known)

Please check certification for which this form is submitted (check **only one** per form):

- RMA
 RPT
 RDA
 CMAS
 MT
 MLT
 MDT
 CMLA
 AHI
 CLC

This section to be completed by employer:

Dear Employer: The individual above is attempting to verify satisfactory employment while he/she has been under your supervision. This form will help the above individual meet certification continuation requirements. Please return this form to the individual when you have completed it. Thank you.

Institution	Position, title or job function during employment	
Address		
City	State/Province/Country	Zip
Employer Phone	E-mail	
Dates of Employment:	(Start date): _____	(End date): _____
Employment status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Please fill in hours per week worked: _____	

Employer's Attestation:

Through the provision of my signature below, I hereby verify that the above-named individual was employed at this place of employment for the time duration indicated. I further attest that during the course of employment, this individual's performance was satisfactory or competent, according to the work requirements and standards of this institution.

Name: _____ Signature: _____

Title: _____ Date: _____