

Directions for Employment Verification

CERTIFIED MEDICAL ADMINISTRATIVE SPECIALIST (CMAS)

Applicant: Provide the EMPLOYMENT VERIFICATION Form for your certification to your employer(s) for completion. The form must be completed by the applicant's manager, supervisor, or authorized human resources representative. Note that any submitted documentation will be reviewed and processed only if your application for AMT certification is active.

For direct submission by the applicant

If the applicant is submitting the completed EMPLOYMENT VERIFICATION directly to AMT, the form must either:

- Be accompanied by a Letter of Authenticity from the employer**

The letter must be printed on the employer's company letterhead stating that the EMPLOYMENT VERIFICATION form was completed, signed, and dated by the applicant's manager, supervisor, or an authorized human resources representative.

If an applicant is submitting EMPLOYMENT VERIFICATION forms for multiple employers, each form must include either a letter of authenticity or a stamp/seal from that specific employer who verified the employment.

Or

- Bear the employer's company seal or stamp**

The EMPLOYMENT VERIFICATION must contain the employer's company stamp or seal, which must be embossed on the form. AMT cannot accept digital seals and/or logos.

EMPLOYMENT VERIFICATION submitted by an applicant without either a Letter of Authenticity or the employer's stamp/seal WILL NOT BE ACCEPTED.

For submission by the employer

If the employer is submitting the completed EMPLOYMENT VERIFICATION directly to AMT on behalf of the applicant, a Letter of Authenticity or company stamp or seal is not required:

- The completed EMPLOYMENT VERIFICATION must be submitted directly from the employers' professional email address. Personal email providers such as @yahoo, @gmail, and @hotmail **are not** accepted as business email addresses.

Email completed documentation to documents@americanmedtech.org for review.



AMT

American Medical Technologists
Certifying Excellence in Allied Health

CERTIFIED MEDICAL ADMINISTRATIVE SPECIALIST (CMAS) EMPLOYMENT VERIFICATION

SECTION I: This section to be completed by applicant

Applicant's First Name _____ Last Name _____ AMT ID # _____

E-mail _____ Date of Birth _____

SECTION II: This section to be completed by employer: (Current or previous supervisor, or designated human resources representative only)

The above-named individual has applied to American Medical Technologists (AMT) for the certification indicated above. The candidate listed your facility as a present or former employer. Please assist us by verifying this employment to determine applicant's eligibility for certification

Name of Employer _____ Phone Number _____

Mailing Address _____ Business E-mail _____

City _____ State/Province/Country _____ Zip _____

Date of Employment: From (mm/dd/yy) _____ To (mm/dd/yy or current) _____

Was the Employment: Full Time* Part Time If part time, estimate hours worked per week: _____

**Full time is defined as working an average of 40 hours/week. Full time may include a combination of part-time settings.*

Title while employed: _____

Did the applicant perform the duties listed or demonstrate a knowledge of the tasks of a medical administrative specialist? Yes No

Duties - A medical administrative specialist would normally perform tasks or display associated professional skills like those listed below:

Example tasks include - Answer phones/greet patients. Schedule and confirm patient diagnostic appointments, lab work or x-rays, surgeries, or medical consultations. Arrange hospital admissions for patients. Complete insurance or other claim forms. Transmit correspondence or medical records by mail, e-mail, or fax. Maintain medical records, technical library, or correspondence files. Perform bookkeeping duties, such as credits or collections, preparing and sending financial statements or bills, and keeping financial records. Perform various clerical or administrative functions.

NOTE: Job descriptions are NOT acceptable.

Comments: _____

I am a current/previous supervisor or designated Human Resources representative. I attest that the information above is accurate and is a fair representation of the duties performed by the applicant.

Name (Print): _____ Title: _____

Signature: _____ Date: _____

If submitted by the applicant, this document must include either the company's stamp/seal or be accompanied by a Letter of Authenticity from your current or previous employer. The Letter of Authenticity must be printed on the employer's company letterhead stating that the employment verification form was completed, signed, and dated by a manager, supervisor, or human resources. Employment verification documents sent directly from an employer's professional email will not require a Letter of Authenticity or company stamp/seal.

Email completed documents to documents@americanmedtech.org for review. Documents will only be reviewed if an active application is on file. 4/23