Directions for
Employment Verification
MOLECULAR DIAGNOSTICS TECHNOLOGIST (MDT)

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 EMPLOYEMENT 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.
MOLECULAR DIAGNOSTICS TECHNOLOGIST (MDT) 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: ___________________________

Please indicate below all the duties that the applicant performed, or professional skills displayed by while employed.

☐ Molecular Biology ☐ Genetics/Genomics ☐ Histocompatibility ☐ Infectious Disease Testing
☐ Tumor Markers ☐ Oncology/Hematology ☐ Mass Spectrometry

PLEASE NOTE:
1. All credited laboratory experience must have been gained in a clinical laboratory, research or industrial setting that performs the chemical, physical or biological examination of fluids, tissues and specimens using molecular diagnostic techniques and methodologies.
2. All experience must have been obtained within the past five years in at least ONE of the above listed disciplines.

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: ___________________________

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