AMT
American Medical Technologists
Certifying Excellence in Allied Health

Directions for Employment Verification

PATIENT CARE TECHNICIAN (PCT)

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.
Please allow up to 7-10 business days for your application to be updated.

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PATIENT CARE TECHNICIAN (PCT) 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) _____

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. On-Call, PRN, or As-Needed positions are not accepted.*

Title while employed: _____

Duties - A patient care technician would normally perform tasks or display associated professional skills like those listed below. The list is not expected to be all inclusive, and the applicant is not required to have performed all the tasks listed to qualify.

❑ Please indicate by checking the box that the applicant gained the necessary work or instructor experience while employed: Monitor vital signs. Monitor patients' conditions. Provide updates to the healthcare team. Provide compassionate care and directions. Turn/reposition/ move patients between bed /wheelchair /seats. Assist the patient in dressing, grooming, etc. Monitor food and liquid intake. Escort patients to tests / imaging testing. Monitor and record daily activities. Counsel, listen, and educate family members.

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. 4/22