



AMT

American Medical Technologists
Certifying Excellence in Allied Health

PATIENT CARE TECHNICIAN (PCT) SUPPLEMENTARY TRAINING EVALUATOR FORM

AMT has received an application for certification from the applicant listed below. Your cooperation in evaluating this candidate for certification with American Medical Technologists will be appreciated.

From: Instructor Supervisor Evaluator

Name Organization

Mailing Address Business E-mail

City State/Province/Country Zip

Applicant Name (please print) **AMT ID # (if known)**

Date of Training: **(Exact dates please)** From (mm/dd/yy) _____ To (mm/dd/yy or current) _____

Was the applicant trained in patient care duties and knowledge, as defined by the representative areas presented in the box below. Yes No

Check all boxes indicating the area(s) in which the applicant received training:

The list is not expected to be all-inclusive, and the applicant is not required to have performed all listed tasks to qualify

- | | |
|--|---|
| <input type="checkbox"/> Phlebotomy and Specimen Collection
<input type="checkbox"/> Wound Care
<input type="checkbox"/> First Aid
<input type="checkbox"/> Law and Ethics of Patient Care
<i>(e.g., HIPAA, consents, and scope of practice)</i> | <input type="checkbox"/> Vital Signs and Measurements
<input type="checkbox"/> EKG
<input type="checkbox"/> Patient Personal and Environmental Safety
<input type="checkbox"/> Personal Patient Assistance and Care (to include activities of daily living)
<i>(e.g., Bathing, Positioning and Turning, Transport, Nutrition, and Bed making)</i> |
|--|---|

Optional Comments: _____

I am a current/previous instructor, evaluator, 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.