

## Directions for Employment Verification REGISTERED MEDICAL ASSISTANT (RMA)

**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](mailto:documents@americanmedtech.org) for review.



AMT

American Medical Technologists  
Certifying Excellence in Allied Health

## REGISTERED MEDICAL ASSISTANT (RMA) 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 36 hours/week.

Title while employed: \_\_\_\_\_

#### **The applicant gained the following experience while employed (check all that apply):**

- ADMINISTRATIVE Medical Assistant or Instructor Experience:** example tasks include - Answering phone/greeting patients; scheduling appointments; following up on patient visits; updating patient records; insurance, billing, and collections; receptionist/clerical responsibilities; record-keeping
- CLINICAL Medical Assistant or Instructor Experience:** example tasks include - taking vital signs; preparing for examinations; performing simple lab procedures, first aid and/or ECGs; and sterilization/disinfection procedures

**NOTE: The applicant must have experience in BOTH Administrative AND Clinical duties in order to meet the eligibility requirements for certification and for the application to be completed. 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.*