

# Directions for Employment Verification

## MEDICAL TECHNOLOGIST (MT)

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



**AMT**

American Medical Technologists  
Certifying Excellence in Allied Health

## MEDICAL TECHNOLOGIST (MT) 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. Full time may include a combination of part-time settings.*

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

Did the applicant perform the perform the duties listed of a Medical Technologist?  Yes  No

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

- Blood Banking
- Microbiology
- Chemistry
- Hematology
- General laboratory knowledge (Terminology, QA and QC, OSHA regulations, Safety, Phlebotomy, etc.)

**OR - if working in Research Laboratory**

Was testing performed on human samples?  Yes  No

Please provide the names of the instruments used for the research studies. \_\_\_\_\_

Lab accredited by: CMS/State \_\_\_\_\_ CAP \_\_\_\_\_ Joint Commission \_\_\_\_\_ Other \_\_\_\_\_ Name \_\_\_\_\_

**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.*