

Application for Recertification by Exam

Applicants are limited to a life-time of four (4) examination attempts for any one AMT certification, regardless of the number of times a new Application for Recertification by Exam is submitted.

- Applications are valid for ONE (1) year from the date of submission.
- A non-refundable / non-transferable recertification fee is required for each certification you are seeking to recertify.
- If the Application for Recertification by Exam expires prior to the recertification process being completed, a new application and fee must be submitted.

All applicants will be held to compliance with current eligibility requirements that are in place at the time of submission of their application. Current AMT certification eligibility requirements are available on AMT's website, www.americanmedtech.org.

Type or print information clearly and legibly, using blue or black ink, **AS IT APPEARS on your driver's license, passport, or state/military-issued ID card.** This information MUST match documentation that you bring to the testing center for identification.

Last name*	First name	Middle initial
Mailing address		
City	State/Province/Country	Zip
Social Security Number		Date of Birth
E-mail		
Phone Number		Cell Number
Maiden and/or any former names		AMT ID# (if known)
*If your name has recently changed, submit the	Name Change form (located on the	AMT website) with your required documentation
PART I. CHECK EXAMINATION REQUESTED:		
 □ Registered Medical Assistant (RMA) □ Registered Phlebotomy Technician (RPT) □ Registered Dental Assistant (RDA) □ Dental Assisting Radiography (DAR) □ Patient Care Technician (PCT) 	 □ Medical Laboratory Scientist (MLS) □ Medical Laboratory Technician (MLT) □ Molecular Diagnostics Technologist (MDT) □ Certified Medical Laboratory Assistant (CMLA) □ Certified Medical Administrative Specialist (CMAS) 	
For individuals recertifying as an RMA or RPT	Online on a personal computer	☐ At a Pearson VUE testing center
PART II. PERSONAL INFORMATION NOTE: THIS QUESTION MUST BE ANSWERED	FOR YOUR APPLICATION TO BE F	PROCESSED
Have you been convicted of a felony since yo	u were first certified? Yes 🗆 No 🗆	1

If yes, you will need to submit the *Felony Information Checklist*, including copies of all available supporting documentation, specifically explaining the date of the felony, nature of the felony, a personal statement describing the felony and events that took place, and any available court documents. This form, along with the Candidate Handbook containing AMT's Policy, can be found in the Resource Center.

Even if a candidate meets certification eligibility criteria, AMT may determine that certain types of felony convictions in an applicant's background may preclude an applicant from sitting for an AMT certification examination. (Note: even if an applicant with one or more felony convictions in his or her record is permitted to take the examination and passes it and becomes certified, some healthcare employers may choose not to hire an individual who has been convicted of a felony, even if he or she is certified. Certification is not a guarantee of employment).

Do you have an IEP, 504 plan or request accommodations when testing per the Americans wit	th Disabilities Act? Yes 🗆 No 🗅
f yes, you will need to submit the <i>ADA Testing Accommodation Form</i> , along with supporting docu with the Candidate Handbook containing AMT's Policy, can be found in the Resource Center of the	
PART III. EXAMINEE AGREEMENT	
Please read carefully – you must agree to the following policies in order to qualify for this examin	nation:
1. Validity Assurance and Score Cancellation - AMT reserves the right to cancel any examination udgment, there is any reason to question the score's validity. Circumstances warranting score call imited to: copying from notes or from another examinee's answers; speaking or otherwise commandministration; aiding or receiving aid from other examinees; consulting study aids of any type do not otherwise reproducing test materials; removing test materials from the examination room; or hotontent prior to the exam administration. Significant score increases upon retesting may also be of results. Misconduct may disqualify you from all future examination attempts and from AMT contents.	ancellation may include, but are not nunicating with others during the test uring the exam; copying, transcribing, naving improper access to AMT exam investigated to ensure the authenticity
2. Exam Confidentiality and Non-Disclosure Agreement - The content of all AMT certification of AMT. Exam materials will be provided to you on a temporary basis for the sole purpose of test the discipline for which you seek certification. You are required to return any exam materials to the completing the exam, and you are prohibited from using or possessing AMT examination content time. You agree not to disclose, publish, copy, reproduce, transmit or distribute exam content, in means, for any purpose, without the express prior written authorization of AMT's Director of Test unauthorized disclosure, publication, copying, reproduction, transmission, distribution or possessiform is a crime and may subject you to civil liability and/or criminal prosecution.	ing your knowledge and competency in the test administrator immediately after for any other purpose or at any other whole or in part, in any form or by any ing and Competency Assurance. The
3. Retesting - Because performance is evaluated with respect to all content areas, failing candidate required to retake the entire examination. Candidates can retake the examination three additionate of four (4) times, for that certification. After failing any test, it is recommended that candidates smaterial was not achieved (as indicated on a failing score report) before reattempting a test. Appeaxamination attempts for any one AMT certification. The applicant may not be considered for certification to time. Applicants who have either failed to show for a scheduled examination or have no required to pay a retesting fee before a new authorization to test will be issued. A retake is permoriginal date of the receipt of the application.	al times after the first failure, up to total study all areas in which mastery of the plicants are limited to a lifetime of four tification if he/she fails the examination not received a passing score will be
have reviewed and meet the <u>current</u> eligibility requirements for my certification and testify that has been commensurate with the AMT Standards of Practice (available on the AMT website at <u>wv</u>	
understand that once recertified, I am required to comply with the program every three years he the continuation of my certification. I understand that my failure to comply with the program will	
My signature below indicates my agreement with these policies and attests to my understanding applications will not be processed):	g of the CCP requirements (unsigned
Signature: Date:	
PART IV. PAYMENT INFORMATION	
□ RMA - \$280 □ RPT - \$255 □ MLS - \$375 □ MLT - \$350 □ MDT - \$390 □ CMAS - \$3 □ PCT - \$280 □ RDA - \$280 □ DAR - \$255	255 🗖 CMLA - \$265
APPLICATION FEE IS NON-REFUNDABLE. THE APPLICATION FEE COVERS THE COST OF THE APPLICATION AND THE FIRST EXAMINATION ADMINISTRATION.	REVIEW AND PROCESSING OF THE
☐ Visa ☐ Master Card ☐ Discover Card ☐ American Express ☐ Check/money order enclose	d (Payable to AMT)
Credit card number: CVV#	Expiration:
Billing address of credit card holder:	Zip Code:

By sending your completed, signed check to AMT, you authorize AMT to use the account information from your check to make a one-time electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

_____ Signature:____

Credit card holder's e-mail:______ Phone #:_____