



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:

- | | |
|---|--|
| <input type="checkbox"/> Registered Medical Assistant (RMA) | <input type="checkbox"/> Medical Technologist (MT) |
| <input type="checkbox"/> Registered Phlebotomy Technician (RPT) | <input type="checkbox"/> Medical Laboratory Technician (MLT) |
| <input type="checkbox"/> Registered Dental Assistant (RDA) | <input type="checkbox"/> Molecular Diagnostics Technologist (MDT) |
| <input type="checkbox"/> Certified Medical Administrative Specialist (CMAS) | <input type="checkbox"/> Certified Medical Laboratory Assistant (CMLA) |

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 PROCESSED

Have you been convicted of a felony since you were first certified? Yes No

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 with Disabilities Act? Yes No

If yes, you will need to submit the *ADA Testing Accommodation Form*, along with supporting documents per AMT Policy. This form, along with the Candidate Handbook containing AMT's Policy, can be found in the Resource Center of the AMT web site.

PART III. EXAMINEE AGREEMENT

Please read carefully – you **must** agree to the following policies in order to qualify for this examination:

1. Validity Assurance and Score Cancellation - AMT reserves the right to cancel any examination score if, in AMT's professional judgment, there is any reason to question the score's validity. Circumstances warranting score cancellation may include, but are not limited to: copying from notes or from another examinee's answers; speaking or otherwise communicating with others during the test administration; aiding or receiving aid from other examinees; consulting study aids of any type during the exam; copying, transcribing, or otherwise reproducing test materials; removing test materials from the examination room; or having improper access to AMT exam content prior to the exam administration. Significant score increases upon retesting may also be investigated to ensure the authenticity of results. Misconduct may disqualify you from all future examination attempts and from AMT certification.

2. Exam Confidentiality and Non-Disclosure Agreement - The content of all AMT certification exams is copyrighted and is the property of AMT. Exam materials will be provided to you on a temporary basis for the sole purpose of testing your knowledge and competency in the discipline for which you seek certification. You are required to return any exam materials to the test administrator immediately after completing the exam, and you are prohibited from using or possessing AMT examination content for any other purpose or at any other time. You agree not to disclose, publish, copy, reproduce, transmit or distribute exam content, in whole or in part, in any form or by any means, for any purpose, without the express prior written authorization of AMT's Director of Testing and Competency Assurance. The unauthorized disclosure, publication, copying, reproduction, transmission, distribution or possession of exam content or materials in any form is a crime and may subject you to civil liability and/or criminal prosecution.

3. Retesting - Because performance is evaluated with respect to all content areas, failing candidates who choose to retake the test are required to retake the entire examination. Candidates can retake the examination three additional times after the first failure, up to total of four (4) times, for that certification. After failing any test, it is recommended that candidates study all areas in which mastery of the material was not achieved (as indicated on a failing score report) before reattempting a test. Applicants are limited to a lifetime of four examination attempts for any one AMT certification. The applicant may not be considered for certification if he/she fails the examination the fourth time. Applicants who have either failed to show for a scheduled examination or have not received a passing score will be required to pay a retesting fee before a new authorization to test will be issued. A retake is permitted no later than one (1) year after the original date of the receipt of the application.

I have reviewed and meet the **current** eligibility requirements for my certification and testify that my conduct for the past three years has been commensurate with the AMT Standards of Practice (available on the AMT website at www.americanmedtech.org).

I understand that once recertified, I am required to comply with the program every three years hereafter and pay annual renewal fees for the continuation of my certification. I understand that my failure to comply with the program will result in decertification.

My signature below indicates my agreement with these policies and attests to my understanding of the CCP requirements (**unsigned applications will not be processed**):

Signature: _____ Date: _____

PART IV. PAYMENT INFORMATION

MT/MLT/MDT - \$310 RMA/RPT/CMAS/RDA/CMLA - \$205

APPLICATION FEE IS NON-REFUNDABLE. THE APPLICATION FEE COVERS THE COST OF THE REVIEW AND PROCESSING OF THE APPLICATION AND THE FIRST EXAMINATION ADMINISTRATION.

Visa Master Card Discover Card American Express Check/money order enclosed (Payable to AMT)

Credit card number: _____ CVV# _____ Expiration: _____

Billing address of credit card holder: _____ Zip Code: _____

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

Name on Card: _____ Signature: _____

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.

RETURN THIS FORM BY: Scan/email: ccp@americanmedtech.org or mail:
American Medical Technologists, 10700 West Higgins Road, Suite 150, Rosemont, IL 60018