



Application for Certification as a REGISTERED MEDICAL ASSISTANT RMA (AMT)

(Print or type)

MEDICAL ASSISTANT

A medical assistant is an integral member of the health care delivery team, qualified by education and experience to work in the administrative office, the examining room and the physician's office laboratory. The medical assistant, also a liaison between doctor and patient, is of vital importance to the success of the medical practice.

Last name	First name	Middle initial
Permanent mailing address		
City	State	Zip
Social Security Number		Date of Birth
E-mail		
Daytime Phone Number		
Maiden and/or any former names		

IMPORTANT NOTICE TO APPLICANT

Read requirements for certification and instructions included in this application before completing.

Qualified applicants are considered for certification without regard to race, creed, color, national origin, age, gender, disability, or place of employment.

Do not write in space below

Date Application Received		Date Completed		Approved by	
Exam Date	Test Series	Exam ID	Exam Site/Proctor	Exam Score (or DNT)	Fee Paid
Issue Date:			Candidate ID #		

PART I. ELIGIBILITY

Check the box that best meets your eligibility:

1. Applicant shall be of good moral character.
2. Applicant shall be a recent graduate of, or scheduled to graduate from: *
 - A. A medical assistant program that holds programmatic accreditation by (or is in a post-secondary school or college that holds institutional accreditation by) the Accrediting Bureau of Health Education Schools (ABHES) or the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or
 - B. A medical assistant program in a post-secondary school or college that has institutional accreditation by a Regional Accrediting Commission or by a national accrediting organization approved by the U.S. Department of Education, which program includes a minimum of 720 clock-hours (or equivalent) of training in medical assisting skills (including a clinical externship of no less than 160 hours in duration), or
 - C. A formal medical services training program of the United States Armed Forces.
** If you graduated within the last three years, proof of work experience is not required. If you graduated over three years ago, you will be required to show proof of current work experience.*
3. Applicant shall have been employed in the profession of medical assisting for a minimum of five (5) years, no more than two (2) years of which may have been as an instructor in the post secondary medical assistant program (proof of current work experience and high school education or equivalent is needed). Employment dates must be within the last five (5) years.
4. Applicant has passed a generalist medical assistant certification examination offered by another medical assisting certification body (provided that exam has been approved for this purpose by the AMT Board of Directors) and who have been working in the medical assisting field for the past three out of five years and who have met all other AMT training and experience requirements (no further examination required).

PART II. PERSONAL INFORMATION

Have you ever been convicted of a felony? Yes No If yes, please include the following information with your application on a separate piece of paper: date of the felony, nature of the felony, what court and the outcome. Please be specific. Include copies of court documents if available. **NOTE: This question must be answered for your application to be processed.**

Optional Information

Sex: Female Male

Race/Ethnic Group: White Black Hispanic American Indian/Alaskan Native Asian/Pacific Islander

PART III. MEDICAL ASSISTANT EMPLOYMENT HISTORY

Employer Name	Address
Dates of Employment (month/year)	Fax number of employer
Employer Name	Address
Dates of Employment (month/year)	Fax number of employer
Employer Name	Address
Dates of Employment (month/year)	Fax number of employer

Please indicate if any of the above employment was as a medical assisting instructor.

PART IV. EDUCATION AND TRAINING

A. Secondary (If applying under Part I Eligibility, Route 3 proof of high school graduation or equivalent must be provided).

High School Name/Address	Dates Attended	Graduation Date
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G.E.D.	Date of Certificate/City/State
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B. College or University

Name/Complete Address

Dates Attended	Hours Attended	Degree Completed	Degree Awarded
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C. Medical Assistant Training

This section must be completed to verify training in medical assisting and graduation from a course curriculum acceptable to AMT. Final transcript must also be provided.

Applicant Name _____

School/Program Name _____

School/Program Address _____

Course Dates: From _____/_____/_____ To _____/_____/_____

PART V. RECOMMENDATION FOR CERTIFICATION

If you are applying under eligibility route #3, or have graduated from your healthcare training program more than three years ago, this section must be completed for your application to be processed.

Printed name of healthcare related supervisor or employer	Date
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Signature	Title
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Address

E-mail	Telephone
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PART VI. OPTIONAL SCORE RELEASE

Some educational institutions request their graduates' examination results. Signing this release is VOLUNTARY, and will not affect the outcome of your examination in any way. If you do NOT want your results released, DO NOT sign the authorization. I hereby authorize American Medical Technologists to release my examination results to the school listed in IV C above.

Signature of Examinee

PART VII. 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. Consent and Validation of Information

I consent to give AMT the authority to request the necessary information from individuals, institutions, and/or organizations named herein in order to validate credentials for certification.

I certify that the statements made herein are true and correct, to my knowledge and belief, and realize that certification is subject to revocation for misrepresentation. If accepted as a certificant, I agree to uphold and abide by the Standards of Practice and bylaws of the American Medical Technologists.

Please indicate your agreement with these policies:

Signature: _____ Date: _____

IMPORTANT NOTES:

APPLICATION FEE IS NON-REFUNDABLE. Applicant may take the examination two times on this application. A retake is permitted no sooner than three (3) months from the first attempt and no later than two (2) years after the date of the application. A retesting fee of \$70.00 will be required for a second administration. If the applicant fails to show for a scheduled examination, a fee of \$70.00 will be required before he/she may sit for the rescheduled examination. If the applicant fails the second administration, he/she must file a new application with a new fee of \$95.00, and proof of further education/training to be tested a third time. The applicant may also take the examination two times on the second application but must adhere to the time frames and fees as stated above. If the applicant fails to honor any application within two (2) years of submitting, a new application with appropriate fees must be filed.

Please be aware that AMT's certification application forms are amended from time to time with changes impacting those eligibility requirements set forth in the application. Therefore, if you are submitting an application form that was printed several months or years ago, it may not disclose current criteria and conditions added subsequent to the printing of that form. All applicants are held to compliance with current eligibility requirements (including payment of current fee amounts) that are in place at the time of submission of their application, notwithstanding differences from the older, printed application being submitted. All current AMT certification applications are available for viewing and printing at AMT's website, www.amt1.com.

By completing and submitting this application to AMT, I confirm that I have read and agree to the provisions stated herein.

PART VIII. PAYMENT INFORMATION

Enclosed herewith is my application fee of ninety five dollars \$95.00. I understand this fee is non-refundable.

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. Please contact the account receivable department at jackie.leibach@amt1.com for other payment options.

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

Credit card number: _____ Expiration: _____

Name on Card: _____ Signature: _____