

PART I. ELIGIBILITY

Check the box that best meets your eligibility:

1. Applicant shall be of good moral character.
2. Applicant shall have:
 - A. Graduated from, or scheduled to graduate from, an academic course (or combined courses) of study that is a minimum of 200 didactic clock hours in duration AND a minimum of 120 clock hours of documented, satisfactory clinical laboratory experience. Of the 200 didactic clock hours, a minimum of 100 hours must have been devoted to the study of fundamental laboratory technology, or
 - B. Satisfactorily completed a minimum of 1,040 hours of documented work experience within the past three years in which laboratory technology was the primary focus. While all experiential hours must have been gained in a health care setting, a minimum of 520 hours must have been devoted specifically to the performance of clinical laboratory duties.

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 LABORATORY 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

PART IV. EDUCATION AND TRAINING

A. Secondary (If applying under Part I Eligibility, Route 2B 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 Laboratory Assistant Training

This section must be completed to verify training in medical laboratory assistant 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 2B, 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

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.

4. 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 are allowed to retake the examination three additional times after the first failure. After the first failure, candidates may retake the examination ONE additional time without filing a new application. However, candidates must file a new application and provide documentation of additional training or retraining prior to attempting the examination a third time. The applicant may not be considered for certification if he/she fails the examination the fourth time.

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: _____



AMT

American Medical Technologists
Certifying Excellence in Allied Health

CERTIFICATION PROCESS OVERVIEW

Details of the certification process are included in the **Candidate Handbook**, which can be downloaded from the AMT website: www.amt1.com. A summary of the process is outlined below.

1. Submitting Your Application: Submit your application after you have completed your program (including your internship/externship). In some instances, AMT will allow a candidate to sit for the exam prior to his/her internship/externship—please call the AMT for details.

The following must be submitted to the AMT Registrar Department:

- Completed Application, with all necessary signatures
- Any separate evaluations, if required
- Official school transcript that demonstrates successful completion of training for your specialty certification (copies not accepted, transcript must have school seal affixed)
- Application fee

2. Processing Your Application: Once the AMT receives and approves your completed application, you will receive a letter with instructions on how to schedule your exam. If your application is not complete, you will receive a letter from the AMT specifying the missing information. *An exam cannot be scheduled until the application is complete and has been approved by AMT.*

3. Preparing for the Exam: A number of resources are available to you including an outline of the exam content, reference study materials, and practice tests (note that practice tests are not available for all certification specialties). This information is available on the AMT website: www.amt1.com as well as in the Candidate Handbook.

4. Taking the Exam: Schedule the exam during a time that is convenient to you. A list of testing centers is available on the Pearson VUE website: www.pearsonvue.com. If you are currently in the service, you can arrange to take the exam on the base – contact AMT for details. **All candidates must bring a photo ID with them to the testing center.**

If you are taking the exam at a Pearson VUE site or at your school using Pearson VUE technology, your exam score will flash on the screen. While this information is available to you, please note that you are not considered certified until you receive official documentation from AMT (see below).

Note: ***If the applicant fails to show for a scheduled examination, a retesting fee will be required before he/she may sit for the rescheduled examination.*** An applicant may take the examination two times with the same application. A retake is permitted no sooner than three (3) months from the first attempt and no later than 2 (two) years after the date of the application. A retesting fee will be required for this second administration. If the applicant fails the second administration, he/she must file a new application with a new application fee, and proof of further education/training to be tested a third time. The application 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.

5. Certification: Once AMT receives your score from Pearson VUE, your entire application and documentation is reviewed once again. If everything is in order, AMT sends an official letter and certificate to you. Don't forget that upon certification, you automatically become a member of AMT and have access to a number of valuable resources, including career assistance. Visit www.amt1.com for more information.

On an annual basis, you will be asked to pay a nominal fee in order to keep your certification and membership current. Every three years you will be required, through the Certification Continuation Program (CCP), to submit an attestation that you have acquired a specific number of continuing education credits relevant to your certification specialty. More information on the CCP can be found on the AMT website.

Instructions for completing the application are on the reverse side.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

To avoid delays in the processing of your application, complete all sections and provide details and documentation as requested. Use dark ink and print or type clearly (except for signatures). Please note that the application fee is nonrefundable.

Please be aware that AMT certification application forms are amended from time to time. An applicant must comply with eligibility requirements (and pay current application fees) that are in place at the time of submission of the application. If there is any reason to believe that your application is outdated, please compare the version number listed in the lower right-hand corner of the last page of the application with that of the current application located on the AMT website: www.amt1.com. If the application you are holding is not the latest version, simply download the current form and proceed with the instructions below.

Section 1: Eligibility Route

Review the eligibility requirements and check the box that best describes the examination route under which you are applying.

Section 2: Personal Information

Complete the personal information section. The felony question is required. Complete optional information if desired.

Section 3: Employment History

List full names and addresses of all previous employers.

Section 4: Education and Training

List education and training. Under 4C, list the training that is relevant and specific to your examination specialty.

Section 5: Recommendation for Certification

If you applying under the experiential route, or have graduated from your healthcare training program more than three years ago, this section must be completed in order for the application to be processed.

Section 6: Examinee Agreement

The agreement asks your permission for AMT to request further information, if necessary, from sources listed in your application. The agreement also asks you to read and promise to abide by AMT testing policies. This section is required in order for the application to be processed.

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 are allowed to retake the examination three additional times after the first failure. After the first failure, candidates may retake the examination ONE additional time without filing a new application. However, candidates must file a new application and provide documentation of additional training or retraining prior to attempting the examination a third time. **The applicant may not be considered for certification if he/she fails the examination the fourth time.**

Section 7: 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 to the school, do not sign the authorization.

Section 8: Payment Information

A nonrefundable application fee is required with the application. Payment is either by check or credit card.

Return completed application, required documents and application fee to:

American Medical Technologists
10700 W. Higgins Road, Suite 150
Rosemont, IL 60018
847-823-5169
www.amt1.com