



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

**(Type or print information clearly and legibly, 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.)**

**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:** Please read requirements for certification and instructions included in this application before completing and submitting. Application fee is **NON-REFUNDABLE**. After a first examination failure, candidates may retake the examination ONE additional time without filing a new application. However, a \$70 retesting fee will apply, as further specified on the back page of this application. By completing and submitting this application to AMT, you confirm that you have read and agree to the provisions stated herein.

**PLEASE MAIL APPLICATION TO:**  
**American Medical Technologists**  
**10700 W. Higgins Road, Suite 150**  
**Rosemont, Illinois 60018**

**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

1. Applicant shall be of good moral character.
2. Eligibility route (check the one box that best meets your eligibility).
  - A.  Applicant shall be a recent graduate of, or be scheduled to graduate from 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.  Applicant shall be a recent graduate of, or be scheduled to graduate from 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.  Applicant shall be a recent graduate of, or be scheduled to graduate from a formal medical services training program of the United States Armed Forces, OR

**NOTE: For Routes A, B, and C, if applicant graduated within the last four years, proof of work experience is not required. If graduated over four years ago, proof of current work experience is required.**

- D.  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 diploma or equivalent are required)**. Employment dates must be within the last five (5) years, OR
- E.  Applicant has passed a generalist medical assistant certification examination offered by another medical assisting certification agency (provided that the exam has been approved for this purpose by the AMT Board of Directors), has been working in the medical assisting field for the past three out of five years, and has met all other AMT training and experience requirements. No further examination is required. (Contact AMT Registrars Department for information regarding currently recognized examinations.)

## PART II. EDUCATION AND TRAINING

**A. Secondary Education (If applying under Eligibility Route 2-D (above) proof of high school graduation or equivalent must be provided).**

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

### 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.**

School/Program Name \_\_\_\_\_

School/Program Address \_\_\_\_\_

Course Dates: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Graduation date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## PART III. 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.**

A prior felony conviction may, but does not necessarily, disqualify a candidate from eligibility for certification. AMT considers prior felony convictions on a case-by-case basis, and determines whether the felony disqualifies the candidate based on factors such as the nature of the crime, whether the crime involved physical injury or moral turpitude, whether the crime was related to health care employment, and how long ago the crime was committed, among other factors. Failure to disclose a prior felony conviction on an application for certification will, however, either automatically disqualify the candidate, or (if subsequently certified) serve as cause for disciplinary action up to and including permanent revocation of the credential. **Even though AMT may decide to permit a candidate convicted of a felony to take a certification exam, some healthcare employers may not hire anyone who has ever been convicted of any felony, even if he or she is certified.**

## PART IV. MEDICAL ASSISTANT EMPLOYMENT HISTORY

1) \_\_\_\_\_  
Employer Name \_\_\_\_\_ Dates of Employment (month/year) \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax number of employer \_\_\_\_\_

2) \_\_\_\_\_  
Employer Name \_\_\_\_\_ Dates of Employment (month/year) \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax number of employer \_\_\_\_\_

3) \_\_\_\_\_  
Employer Name \_\_\_\_\_ Dates of Employment (month/year) \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax number of employer \_\_\_\_\_

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

## PART V. RECOMMENDATION FOR CERTIFICATION

If you are applying through work experience (eligibility Route D), or have graduated from your healthcare training program more than four years ago, this section must be completed for your application to be processed.

\_\_\_\_\_  
Printed name of healthcare related supervisor or employer \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
E-mail \_\_\_\_\_ Telephone \_\_\_\_\_

## PART VI. OPTIONAL INFORMATION

Gender: Female  Male

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

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

## PART VII. EXAMINEE AGREEMENT

Please read carefully – you **must** agree to the following policies in order to qualify for 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. Informed Consent of Score Use

Some educational institutions request test results obtained by their graduates. By submitting this application, I authorize AMT to release my examination results, if requested, to the medical assisting training program specified in this application.

### 5. 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.**

### Please indicate your agreement with these policies:

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.

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](http://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](mailto: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: \_\_\_\_\_



## APPLICANT CHECKLIST

Before submitting an application to AMT, please ensure that you have completed the following steps. Allow 6-8 weeks for processing. Do not contact AMT, we will notify you if your application has been approved or if further information is required.

- I have clearly printed my name and contact information on the front of the application, including my phone number and email address
- I have answered the felony question and provided information, if necessary
- I have provided my school/training program information OR my work experience if I am requesting to sit for the exam through a work experience eligibility route
- I have signed the back of the application
- I have included an application fee (disregard this step if your school is being invoiced for multiple applicants)

## 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](http://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](http://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](http://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](http://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](http://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.

## **Eligibility Route**

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

## **Education and Training**

List education and training.

## **Employment History**

List full names and addresses of all previous employers.

## **Personal Information**

The felony question is required.

## **Recommendation for Certification**

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

## **Optional Information**

Complete optional information.

## **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 and to release your scores to the training program you completed. 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.**

## **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](http://www.amt1.com)