



American Medical Certification Association

Duplicate/Replacement

Wall Certificate & ID Certification Card Order Form

Step 1: Personal Information

Candidate Name: _____ SS #: _____

Candidate Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Step 2: Certificate/Card (please select which certification)

Clinical Exams

	Wall Certificate	Certification ID Card	
<input type="checkbox"/> Clinical Medical Assistant Certification(CMAC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Clinical Medical/Administrative Assistant Certification(CMAAC)* <small>*Exam includes Phlebotomy and EKG</small>	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Clinical Medical Assistant Certification(CMAC/PTC/ETC)* <small>*Exam includes Phlebotomy and EKG</small>	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Medical Assistant Certification(MAC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Medical Assistant Certification(MACP)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Medical Assistant Certification(MACE)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Phlebotomy Technician Certification (PTC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> EKG Technician Certification (ETC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> EKG/Phlebotomy Technician Certifications (ETC/PTC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Patient Care Technician Certification (PCTC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Mental Health Technician (MHTC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Physical Therapy Aide Certification (PTAC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Dental Support Technician Certification (DSTC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Nursing Assistant Certification (NAC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____

Administrative Exams

<input type="checkbox"/> Medical Administrative Assistant Certification (MAAC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Billing & Coding Specialist Certification (BCSC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Electronic Health Records Certification (EHRC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Billing & Coding Specialist/Medical Administrative Assistant Certifications (BCSC/MAAC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Medical Administrative Assistant w/Electronic Health Records Certification (MAA/EHRC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
<input type="checkbox"/> Medical Administrative Assistant w/Billing and Coding & Electronic Health Records Certification (MAA/BC/EHRC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____

Instructor Exams

<input type="checkbox"/> Professional Healthcare Instructor Certification (PHIC)	<input type="checkbox"/> \$16.95	<input type="checkbox"/> \$19	\$ _____
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Shipping/Handling \$7.00

Total \$ _____

Step 3: Payment (NO PERSONAL CHECKS ACCEPTED, INSTITUTION OR COMPANY ONLY)

Visa Master Card Amex Discover

Name on Card: _____

Card Holder Address: _____

Card Number: _____

Exp. Date: _____ Security Code (CVS): _____

Total Amount charged: _____

Money Order # _____

Step 4: Card Holder Signature: **X**