



Exam Eligibility Application

**There is a non-refundable \$25.00 application fee per certification.
Exam approvals are valid for 60 days.**

Personal Information

Candidate Name: _____ Last four of SS or Government ID #: _____

Candidate Address: _____

City: _____ State: _____ Zip: _____

Phone Number (C or H): _____ Email Address: _____

Exam Requirements:

The population eligible to **HOLD** an active AMCA certification:

A. Must be at least 18 years of age and possess a high school diploma or equivalent.

B. Must meet ONE of the following two requirements:

☒ **Option 1:** Graduate from a training program, related to the exam you are applying for, taken at an AMCA Approved Test Site. Proof of course completion is required, and applicants must pass the exam within one year from the date of training completion. ***For candidates qualifying through Option 1, the test site will confirm eligibility directly through the registration process. Candidates qualifying through Option 1 do NOT need to complete this application.*

☐ **Option 2:** Graduate from a training program, related to the exam you are applying for, taken at an institution other than an AMCA Approved Test Site. Proof of course completion is required, and applicants must pass the exam within one year from the date of training completion.

☐ **Option 3:** Have a minimum of one year full-time work experience directly related to the credential. Work experience must be immediately preceding the date of application and be currently working in that field. Documentation with employer verification is required and will be verified by the AMCA.

C. Agree and adhere to the AMCA Code of Ethics

Employment Information:

Please supply employment information below as well as a current resume and letter from your employer containing: your job title, your job description, and dates of employment. If you have less than one year with your current employer, a letter from your previous employer(s) is/are required. All employment information will be verified by the AMCA Exam Eligibility team.

Employers name: _____

Employers contact person: _____

Employers Address: _____

City: _____	State: _____	Zip: _____
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Phone Number (C or H): _____	Email Address: _____
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Date of Employment	Start: _____	End: _____
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Job Title: _____	Full Time or Part Time
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Job Description: _____

Exam (please select one exam per application)

- ☐ Clinical Medical Assistant Certification(CMAC)
- ☐ Dental Support Technician Certification(DSTC)
- ☐ EKG Technician Certification(ETC)
- ☐ Electronic Health Records Certification(EHRC)
- ☐ Medical Administrative Assistant Certification(MAAC)
- ☐ Medical Assistant Certification(MAC)
- ☐ Medical Coder and Biller Certification(MCBC)
- ☐ Mental Health Technician(MHTC)
- ☐ Patient Care Technician Certification(PCTC)
- ☐ Phlebotomy Technician Certification(PTC)
- ☐ Physical Therapy Technician/Aide Certification(PTTC)

Application Fee \$ 25.00**Exam Registration and Proctoring:**

Exam candidates not associated with an AMCA Approved Test Site will be required to test using Live Remote Proctoring. This proctoring service has an additional fee based on the length of exam and will be scheduled at the time of exam registration.

Payment Method and Information (Must Select One)

☐ Visa ☐ Master Card ☐ Amex ☐ Discover

Name on Card: _____

Card Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Exp. Date: _____ Security Code: _____

Total Amount charged: \$ 25.00 ☐ **Money Order** # _____**Candidate Signature**

I agree that all information submitted on this form is true and accurate.

Candidate Signature: _____

Mail/Fax or Email Application to:**AMCA: 194 US Highway 46 East, Fairfield, NJ 07004****Fax: 973.582.1801 Email: EE@AMCAexams.com****For Office Use Only****Employment Verification** ____/____/____ **AMCA Representative** _____**Approved** ____/____/____ **Approval Valid till** ____/____/____ **Denied:** ____/____/____