

### **Welcome Allied Healthcare Educator:**

American Medical Certification Association (AMCA) is headquartered in Fairfield, New Jersey. The AMCA was established in 2010 with a vision of implementing national standards to ensure that each successful exam candidate has proven that they are knowledgeable in their specific subject matter. Additionally, the AMCA collaborates and actively participates in the allied healthcare industry to serve as a support network for allied healthcare professionals. The AMCA has obtained membership in various organizations to strengthen its ties to the industry.

According to the Bureau of Labor and Statistics, the healthcare field continues to represent the fastest growing segment of our nation's economy. The American Medical Certification Association recognized the need for certifying these individuals by offering certification exams to the allied healthcare field. The American Medical Certification Association is nationally approved and recognized as a certification organization in all 50 states

Increasing numbers of trained, career-oriented professionals enter this promising field each year, sharing common goals, interests and needs. To help these healthcare professionals meet their goals, AMCA is offering certification exams to increase a candidate's marketability and enhance their career portfolio.

### **Certification Exams bring to your organization:**

- Credibility
- Portability
- Increased Enrollment
- Enhanced Placement Statistics
- Career Advancement Opportunities
- Improved Students Marketability

Attached please find an easy to complete Test Site application form. Once the AMCA receives your application form and suggested exam dates, an AMCA representative will review and respond back to you within 7 business days.

***We look forward to developing quality allied healthcare professionals together.***

Sincerely,

**Danielle Sadighi**

**Vice President Sales and Marketing**

**American Medical Certification Association**

P. 888-960-AMCA(2622) ext. 112



# Test Site Application Form

## 6 Easy Steps to Become a AMCA Testing Site

### Step 1: Institutions Account Information. (No application fee required)

School/Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

How long has the institution been in operation? \_\_\_\_\_ School Website: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Main Contact Telephone: \_\_\_\_\_

Main Contact Email (required): \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**Classification:**  Post Secondary  College  CTE  NOCTI  Hospital

### Step 2: Institution and Exam Information

How would your school/Institution like to test:  Paper and Pencil  Online(No software needed)

Person(s) responsible for the Allied Healthcare training program?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Person(s) responsible for scheduling exams?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Faculty/instructors AMCA should keep in your school file?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Who will be the AMCA exam proctor?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Who is your Finance Director?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

### Step 3: Payment Method for Exam (select one)

**Option 1: Exam Fee Built into Institutions Tuition (School Pay)**

AMCA recommends that your school build the exam fee into your tuition.

If it is, then full payment for all completed exams must be returned with your exams.

NO Exam will be graded without full payment.

**Option 2: Candidate Pays for Exam (Self Pay)**

All candidate are required to pre-register a with a credit card online **OR** complete a registration the day of the exam and attach payment. Exams can be paid for by credit card or money order. **NO PERSONAL CHECKS ARE ACCEPTED.**

**Step 4: Which of the following programs are you interested in testing?  
(It is only the checked programs that will be considered for approval.)**

Clinical Programs	Number of Draws/Sticks (required for PTC programs)	Length of program (# of hours)	Avg. # of students in class
<input type="checkbox"/> Clinical Medical Assistant Certification(CMAC)*	_____	_____	_____
<input type="checkbox"/> Clinical Medical/Administrative Assistant Certification(CMAAC)* <i>*Exam includes Phlebotomy and EKG</i>	_____	_____	_____
<input type="checkbox"/> Clinical Medical Assistant and PTC/ETC (Combo 2 Separate Exams)	_____	_____	_____
<input type="checkbox"/> Medical Assistant Certification (MAC)* <i>*No PTC or ETC</i>	_____	_____	_____
<input type="checkbox"/> Medical Assistant Certification (MACE)* <i>*Exam includes EKG</i>	_____	_____	_____
<input type="checkbox"/> Medical Assistant Certification (MACP)* <i>*Exam includes Phlebotomy</i>	_____	_____	_____
<input type="checkbox"/> Patient Care Technician Certification (PCTC)* <i>*Exam includes Phlebotomy and EKG</i>	_____	_____	_____
<input type="checkbox"/> Phlebotomy Technician Certification (PTC)	_____	_____	_____
<input type="checkbox"/> EKG Technician Certification (ETC)	_____	_____	_____
<input type="checkbox"/> EKG/Phlebotomy Technician Certification (ETC/PTC)	_____	_____	_____
<input type="checkbox"/> Mental Health Technician Certification (MHTC)	_____	_____	_____
<input type="checkbox"/> Dental Support Technician Certification (DSTC)	_____	_____	_____
<input type="checkbox"/> Physical Therapy Aide Certification (PTAC)	_____	_____	_____
<input type="checkbox"/> Nursing Assistant Certification (NAC)	_____	_____	_____

**All programs including Phlebotomy must indicate the number of draws/sticks required for student completion**

**Administrative Certification**

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

**Instructor Certification**

<input type="checkbox"/> Professional Healthcare Instructor Certification (PHIC)	_____	_____	_____
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**Step 5: Exam Dates**

**All institutions are required to submit exam dates, number of candidate and testing time.**

Estimate # of Testers	Date of Exam Month/Day/Year	Indicate Which Exam
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

**Step 6: Mail or Fax the following Test Site Application to:**

**Mail: American Medical Certification Association, 194 Route 46 East, Fairfield, NJ 07004**

**Fax: (973) 582-1801**

\_\_\_\_\_  
Institutions Official (Print Name and Title)

\_\_\_\_\_  
Institutions Official Signature

\_\_\_\_\_  
Date

(Initials required) The AMCA reserves the right to suspend or revoke any approved testing site, based on the violations of AMCA exams, regulations, standards or practices.

**For More Information:**

Phone:(888) 960-AMCA(2622) www.AMCAexams.com email: AMCA@AMCAexams.com

## Director's Oath and Exam Instructions:

### As the Director, you must adhere to and abide by the following:

- Ensure that all exam materials are kept in a secure place until the scheduled exam date and time, and after the exam, until they are returned to the AMCA.
- Candidate must not have access to exam materials prior to the scheduled date and time.
- The exam proctor must have candidates under direct observation at all times during the testing period.
- Candidate should be seated so they are spaced adequately to prevent visualization of other participants answer sheets.
- Cheating of any kind will not be tolerated, including but not limited to:
  - Consulting text-books or notes
  - Discussing or reviewing any items on the exam with anyone else during the exam
- No talking to other candidates during the exam
- Appoint a proctor who is not a faculty member of the program being tested

### As the proctor you will:

1. Complete an Exam Return Packaging Checklist which is enclosed in this package and must be returned with all of the items listed on the checklist.
2. Read aloud the rules and regulations to the examinees
3. Reinforce the rules to ensure uniform testing conditions
4. Verify, via photo ID, all pre-registered applicants.
5. Maintain a strictly enforced time period for examination (maximum 2.5 hour requirement).
6. Maintain order in the seating of all examinees.
7. Cell phone use and any/all electronics are prohibited!
8. Distribute exams face down until the official start time of the examination is called.
9. Post allotted time for the examinees as follows: (100 questions = 2 hours, 150 questions = 3 hours, 200 questions = 4 hours, 240 questions = 4.5 hours)
10. Give verbal notification at each time interval.
11. Ensure that all examinees used the lavatories prior to the start of the examination. 12. Not answer questions after testing has begun.
12. At the end of the allotted time period, all exams and materials must be collected. No exceptions!
13. Ensure that all examinees use a #2 pencil
14. Advise the candidates that the exam results will be returned to the school/testing center in approximately 14 days. AMCA will not release results to students directly.
15. Have candidates sign in on the final exam attendance sheet
16. Give each student a final exam and blank answer key
17. Have candidates fill out the grid with their name, SS# and Date. Under the subject each student must enter test booklet number.
18. Collect exams and answer keys from each candidate as they finish
19. Place exams, answer keys, exam attendance and the completed EXAM RETURN PACKAGING CHECKLIST in the pre-addressed envelope and send by UPS or other carrier  
to: AMCA at 194 Route 46, Fairfield, NJ 07004

**By signing this document, you agree to verify all certificates of completion with regard to the education of the candidate testing. You also agree that you as the director are verifying the credentials of each candidate and attesting that they do meet the eligibility requirements of the AMCA. Under no circumstances should a candidate be allowed to test if their credentials/education completion is in question.**

Signed and Accepted \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



American Medical Certification Association

# Exam Registration Form

<b>Exam Date:</b> _____
<b>Exam Delivery:</b> (choose one)
<input type="checkbox"/> Paper/Pencil <input type="checkbox"/> Online

## Step 1: Personal Information

Candidate Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Candidate Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (C or H): \_\_\_\_\_ Email Address: \_\_\_\_\_

School Attended: \_\_\_\_\_ Campus: \_\_\_\_\_ Program: \_\_\_\_\_

## Step 2: Exam Information (please select which exam)

### Clinical Exams

- Clinical Medical Assistant Certification(CMAC)\* <sup>New Lower Price</sup> \$ 139 (Includes 1 certification) \$ \_\_\_\_\_
- Clinical Medical/Admin. Assistant Certification(CMAAC)\* \$ 199 (Includes 4 certifications) \$ \_\_\_\_\_  
\*Exam includes Phlebotomy, EKG & Administrative
- Clinical Medical Assistant and PTC/ETC (Combo 2 Exams) \$ 169 (Includes 3 certifications) \$ \_\_\_\_\_
- Medical Assistant Certification(MAC)\*NO EKG or Phlebotomy \$ 109 \$ \_\_\_\_\_
- Medical Assistant Certification(MACP)\*Includes Phlebotomy \$ 139 (Includes 2 certifications) \$ \_\_\_\_\_
- Medical Assistant Certification(MACE)\*Includes EKG \$ 139 (Includes 2 certifications) \$ \_\_\_\_\_
- Phlebotomy Technician Certification (PTC) \$ 109 \$ \_\_\_\_\_
- EKG Technician Certification (ETC) \$ 109 \$ \_\_\_\_\_
- EKG/Phlebotomy Technician Certifications (ETC/PTC) \$ 139 (Includes 2 certifications) \$ \_\_\_\_\_
- Patient Care Technician Certification (PCTC) \$ 169 (Includes 3 certifications) \$ \_\_\_\_\_
- Mental Health Technician (MHTC) \$ 109 \$ \_\_\_\_\_
- Physical Therapy Aide Certification (PTAC) \$ 109 \$ \_\_\_\_\_
- Dental Support Technician Certification (DSTC) \$ 109 \$ \_\_\_\_\_
- Nursing Assistance Certification (NAC) \$ 109 \$ \_\_\_\_\_

### Administrative Exams

- Medical Administrative Assistant Certification (MAAC) \$ 109 \$ \_\_\_\_\_
- Billing & Coding Specialist Certification (BCSC) \$ 109 \$ \_\_\_\_\_
- Medical Administrative Assistant w/Billing & Coding Certification (MAA/BCSC) \$ 139 (Includes 2 certifications) \$ \_\_\_\_\_
- Electronic Health Records Certification (EHRC) \$ 109 \$ \_\_\_\_\_
- Medical Administrative Assistant w/Electronic Health Records Certification (MAA/EHRC) \$ 139 (Includes 2 certifications) \$ \_\_\_\_\_
- Medical Administrative Assistant w/Billing and Coding & Electronic Health Records Certification (MAA/BC/EHRC) \$ 169 (Includes 3 certifications) \$ \_\_\_\_\_

### Other Exams

- Professional Healthcare Instructor Certification (PHIC) \$ 195 \$ \_\_\_\_\_

Study Material is emailed directly to candidate once registration form is processed or available through your educational institution. **Total \$** \_\_\_\_\_

## Step 3: Payment Method and Information (Must Select One)

**School/Institution** (NO PERSONAL CHECKS ACCEPTED, INSTITUTION OR COMPANY ONLY)

**Visa**     **Master Card**     **Amex**     **Discover**

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Total Amount charged: \$ \_\_\_\_\_  **Money Order** # \_\_\_\_\_

## Step 4: Candidate Signature

I agree that all information completed on this form is true and accurate. If any exam is cancelled, closed or filled, exam fees will be refunded. NO exam fee will be refunded for any reason on or after the scheduled exam date. If a student wishes to cancel exam date, a written notice must be submitted 5 business days in advance of the original exam date in order to receive a refund, minus a \$15 per exam registration fee. Your signature is granting the AMCA permission to share your email address only for job lead purposes.

Candidate Signature: \_\_\_\_\_

**Inquiries/Questions send to: AMCA, 194 Route 46 East, Fairfield, NJ 07004 P. 888.960.AMCA(2622) F. 973.582.1801**