American Medical Certification Association

CTE Exam Registration/Activation Form

Step 1: Candidate 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/PTC/ETC) $30
- Clinical Medical Assistant Certification (CMAC) $30
- Medical Assistant Certification (MAC) $30
- Medical Assistant Certification (MACP) $30
- Medical Assistant Certification (MACE) $30
- Phlebotomy Technician Certification (PTC) $30
- EKG Technician Certification (ETC) $30
- Patient Care Technician Certification (PCT) $30
- Patient Care Technician Certification (PCTC) $30
- Physical Therapy Aide Certification (PTAC) $30
- Dental Support Technician Certification (DSTC) $30
- Nursing Assistance Certification (NAC) $30

Exam Delivery: (choose one)
- Paper/Pencil
- Online
- Online Pre-Test (Available for most exams)

Exam Date:
Retake
Exam Delivery: (choose one)
- Paper/Pencil
- Online
- Online Pre-Test (Available for most exams)

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

- Visa
- Master Card
- Amex
- Discover

Name on Card: ___________________________
Card Number: ___________________________
Exp. Date: ___________________________
Security Code: ___________________________
Total Amount charged: $ ___________________________

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. Student grades maybe released to schools/organizations upon request.

Candidate Signature: ___________________________

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