Exam Eligibility Application
There is a non-refundable $25.00 application fee. 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 Eligibility:
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:
   - 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.
   - 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.

Employment Information:
Please supply accurate employment information as well as submit a current resume and letter from employer containing: job title, job description, start and end date. If less then one year with current employer, a letter from previous employer(s) is required. (All employment information will be verified by the AMCA Exam Eligibility team)

<table>
<thead>
<tr>
<th>Employers name:</th>
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<tbody>
<tr>
<td>Employers contact person:</td>
</tr>
<tr>
<td>Employers Address:</td>
</tr>
<tr>
<td>City:</td>
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<tr>
<td>Phone Number (C or H):</td>
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<tr>
<td>Date of Employment</td>
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<tr>
<td>Job Title:</td>
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<tr>
<td>Job Description:</td>
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(must complete page 2)
Exam Eligibility Application (page 2)

All exam eligibility applications must be submitted with a proposed testing date. All exams must be complete within 60 days of application approval date.

Exam Date: _____ / ____ / ______

Exam (please select which exam)
Clinical Exams
☐ Clinical Medical Assistant Certification (CMAC)*
☐ Clinical Medical Administrative Assistant Certification (CMAAC)*
*Exam includes Phlebotomy, EKG & Administrative
☐ Clinical Medical Assistant and PTC/ETC (Combo 2 Exams)
☐ Medical Assistant Certification (MAC)*NO EKG or Phlebotomy
☐ Medical Assistant Certification (MACP)*Includes Phlebotomy
☐ Medical Assistant Certification (MACE)*Includes EKG
☐ Phlebotomy Technician Certification (PTC)
☐ EKG Technician Certification (ETC)
☐ EKG/Phlebotomy Technician Certifications (ETC/PTC)
☐ Patient Care Technician Certification (PCTC)
☐ Mental Health Technician (MHTC)
☐ Physical Therapy Aide Certification (PTAC)
☐ Dental Support Technician Certification (DSTC)
☐ Nursing Assistance Certification (NAC)

Administrative Exams
☐ Medical Administrative Assistant Certification (MAAC)
☐ Billing & Coding Specialist Certification (BCSC)
☐ Medical Administrative Assistant w/Billing & Coding Certification (MAA/BCSC)
☐ Electronic Health Records Certification (EHRC)
☐ Medical Administrative Assistant w/Electronic Health Records Certification (MAA/EHRC)
☐ Medical Administrative Assistant w/Billing and Coding & Electronic Health Records Certification (MAA/BC/EHRC)

Application Fee $ 25.00

Exam Registration and Proctoring:
All AMCA exams must be proctored. Once your eligibility has been approved you will need to go online and complete an online 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 completed 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: CustomerSupport@AMCAexams.com

For Office Use Only

Employment Verification ____/____/_____ AMCA Representative_____________________
Approved ____/____/_____ Approval Valid till ____/____/_____ Denied: ____/____/_____