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 sit for the AMCA examinations must be 18 years of age, possess a high school
diploma or equivalent and meet one of the below requirements:

Options: (must select one)
□ Graduated from a training program within one year of test date.
□ Graduated from a training program combined with full time work experience in the corresponding field.
□ Have 2 or more years of full time work experience immediately preceding the date of
application and be presently working in the corresponding field.

Employment Verification:

□ FAST TRACK: Verification of employment including date of hire and job description on company
letterhead must be included with Exam Eligibility Application.

□ 4 to 6 Weeks: Exam candidates must complete and supply accurate contact information for
employment verification. (AMCA will contact employer for verification)

Employers name:

Employers contact person:

Employers Address:

City: ___________________________ State: _____________ Zip: ________________

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

Date of Employment Start: ___________________________ End: ___________________________

Job Title: ___________________________ Full Time or Part Time

Job Description:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
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_________________________________________________________________________________
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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 Information (please select which exam)

Clinical Exams
- Clinical Medical Assistant Certification (CMAC)*
- Clinical Medical/Admin. 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

Candidate Signature
I agree that all information completed on this form is true and accurate.
Candidate Signature:__________________________

Mail/Fax or Email Application to:
AMCA: 310 Passaic Ave, Suite 204B, Fairfield, NJ 07004
Fax: 973.582.1801 Email: CustomerSupport@AMCAexams.com

For Office Use Only

Employment Verification ___/___/____ AMCA Representative_____________________

Approved ___/___/____ Approval Valid till ___/___/____ Denied: ___/___/____