

Certification Requirement

Recognizing that the consultant pool is very heterogeneous with respect to background, areas of specialization, and client base, the CLC designation has been designed to allow for this diversity. **Certification is granted to candidates who earn 125 or more points across the areas outlined in the following sections.** NOTE: Certain requirements are mandatory. In the areas below, please check boxes and attach supporting documentation as appropriate. AMT recommends that applicants follow the instructions found in the "Candidate Guide to Successful CLC (AMT) Certification" to complete this application. If you did not receive a copy with your application, one may be requested from AMT.

I. Intent to Provide Services (30 maximum points). Mandatory requirement

Verification of at least three (3) years experience as a consultant.

DEFINITION: Three (3) years means at least 36 months prior to the day of your submission.

Check the arrangement, which describes your practice, and verify length of operation:

- I am an independent consultant operating under a formalized business** (business recorded on some form of public record). Attach proof of formal business establishment. (Refer to the "Candidate Guide to Successful CLC (AMT) Certification".) **30 points**
- I am an independent consultant operating without a formalized business.** Attach three (3) letters of endorsement from current or past clients. At least one (1) letter must be dated at least three (3) years prior to the date of your submission. (Refer to the Candidate's Guide".) **20 points**
- I am an internal consultant with a consulting firm, reference laboratory, or medical laboratory in which I am under contract (or otherwise obligated) to consult as one or more of my primary duties.**

Refer to the "Candidate's Guide" for documentation required. **20 points**

- My submitted documentation verifies that I have served in (1) of the three (3) consulting arrangements checked above, for a minimum of 3 years, from:**

_____/_____/_____ to ____/____/____; Total of ____months
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- I have experience in a combination of two or more of the above consulting arrangements.**

Refer to the "Candidate's Guide" for documentation required. **20 points**

- My submitted documentation verifies that I have at least 3 years (36 months) total experience in the following consulting arrangements:**

External consultant (with formalized business):

From_____/_____/_____ to ____/____/____; Total of ____months

External consultant (without formalized business):

From_____/_____/_____ to ____/____/____; Total of ____months

Internal consultant:

From_____/_____/_____ to ____/____/____; Total of ____months

TOTAL ____MONTHS

II. Education (10 maximum points)

Check only one of the following mandatory requirements indicating HIGHEST DEGREE EARNED: Submit proof of Education

- Bachelor's Degree. **5 points**
- Master's Degree. **8 points**
- Doctorate. **10 points**

III. Professional Certification (25 maximum points)

Refer to the Candidate's Guide for documentation required

Check all that apply:

- Medical Technologists-level, national certification (i.e., AMT, ASCP, ISCLT, NCA, HEW) or laboratory specialty certification (i.e., SM (AAM), H(ASCP), CIDir (NCA))

Name of certification and agency: _____ Attach proof of valid certification. **20 points**

- Additional laboratory specialty certification or state licensure:

Insert either another certification and agency, or the state in which you are licensed:

_____ Attach proof of valid certification or licensure. **5 points**

IV. Laboratory-Related Experience (5 points) Mandatory requirement

- Submit your resume/curriculum vitae to verify 6 years laboratory experience. **5 points**

V. Continuing Education (25 maximum points) Mandatory requirement

DEFINITION: The term: "previous two (2) calendar years" means the past two (2) full calendar years (24 months).

Refer to the "Candidate's Guide" for documentation required.

Check the following:

- 30 clock-hours of laboratory medicine or business-related continuing education credit within the previous two calendar years. **25 points**
- 20 clock-hours of laboratory medicine or business-related continuing education credit within the previous two calendar years. **15 points**
- 10 clock-hours of laboratory medicine or business-related continuing education credit within the previous two calendar years. **5 points**

VI. Professional/Business Affiliations (20 maximum points)

Refer to the "Candidate's Guide" for documentation required.

Check one of the following:

- Currently a member of two or more professional/business organizations. **20 points**
- Currently a member of one professional/business organization. **10 points**

VII. Professional Consulting Resources (20 maximum points)

Refer to the "Candidate's Guide" for documentation required.

Complete the following mandatory requirement:

- Prepare and attach a list, by Specialty area of resources material references used in your consulting practice. The reference list should include books, periodicals, audio and videotapes, newsletters, government publications, and all other resources.

Attach resource reference list used for consulting. **20 points**

VIII. Professional Activities (25 MAXIMUM POINTS)

- Laboratory, business, or management books or articles written within the past 4 years.

Title/Date/Authors: _____

Title/Date/Authors: _____

Attach cover or titles pages of each reference. Up to 2 references allowed for a maximum of 20 points for this option. **(10 points each)**

- Professional presentations given in laboratory-related subjects within the past 4 years.

Title/Date: _____

Title/Date: _____

Attach verification/validation of presentation. Up to 2 presentations allowed for a maximum of **10 points** for this option. **(5 points each)**

- Offices held in professional laboratory associations within the past 4 years.

Office/Org./Date: _____ Office/Org./Date: _____

Attach verification of holding office. Up to 2 activities allowed for a maximum of 10 points for this option. **(5 points each)**

Meeting/Date: _____ Meeting/Date: _____

Meeting/Date: _____ Meeting/Date: _____

Meeting/Date: _____ Meeting/Date: _____

Attach verification/validation of attendance. **Up to 5 meetings** allowed for a maximum of **10 points** for this option. **(2 points each)**

IX. Agreement

By sending your completed, signed check to AMT, you authorize AMT to use the account information from your check to make a one-time electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check. Please contact the account receivable department at jackie.leibach@amt1.com for other payment options.

Please be aware that AMT’s certification application forms are amended from time to time with changes impacting those eligibility requirements set forth in the application. Therefore, if you are submitting an application form that was printed several months or years ago, it may not disclose current criteria and conditions added subsequent to the printing of that form. All applicants are held to compliance with current eligibility requirements (including payment of current fee amounts) that are in place at the time of submission of their application, notwithstanding differences from the older, printed application being submitted. All current AMT certification applications are available for viewing and printing at AMT’s website, www.amt1.com.

X. Payment Information

Enclosed herewith is my application fee of one-hundred and fifty five dollars \$155.00. I understand this fee is non-refundable.

Date: _____ Signature: _____

- Visa Master Card Discover Card Check/money order enclosed (Payable to AMT)

Credit card number: _____ Expiration: _____

Name on Card: _____ Signature: _____