



AMT

American Medical Technologists
Certifying Excellence in Allied Health

PRACTICE EXAMINATION ORDER FORM *Registered Medical Assistant*

Candidates planning to take the AMT Registered Medical Assistant (RMA) certification examination can become familiar with the content, style and format of the test through a partial-length Practice Examination.

The Practice Examination booklet is accompanied by a Candidate Handbook that contains information regarding the development, content, scoring, and format of the certification test, in addition to answering other questions often asked by candidates. In completing the test, the participant will answer 123 questions similar to those appearing on an actual certification examination. A key is provided so that the examination may be self-scored. A brief answer explanation and a reference citation accompany each item.

Although completion of the Practice Examination should familiarize candidates with the format of the test, it does not assure that a passing score will be achieved on the actual certification examination. Practice questions will not appear on future examinations. The practice test is designed merely as an exercise to familiarize candidates with the style of the certification examination.

To order the **RMA Practice Exam**, send \$15.00, plus shipping/handling, to: **AMT, 10700 W. Higgins Road, Suite 150, Rosemont, IL 60018**. Payment can be made via check, money order, or credit card (Illinois residents add 10.25% sales tax). Photocopies of this form are acceptable.

Number of copies _____ x \$15.00 per copy = _____

Shipping/Handling Fee Schedule	
(based on total product order amount)	
Product \$	S/H Fee
\$11-\$50	\$5.00
\$>50	\$7.50

Shipping/Handling Fee (see fee schedule) _____

International shipping: add additional \$10.00 _____

Illinois residents, add 10.25% sales tax _____

Total Fees Enclosed _____

Please check appropriate box below:

Visa Master Card Discover Check Money Order

Account # _____ Expiration Date _____

(Please print)

Name _____

Address _____

City/State/Zip _____

Phone Number _____

Signature _____ Date _____

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 if you prefer not to have your check used in this way.