

REQUIREMENTS FOR CERTIFICATION AS A MEDICAL TECHNOLOGIST – MT (AMT)

1. Applicant shall be of good moral character.
2. Applicant must have
 - A. graduated from an accredited medical technology program with a bachelor's degree in medical technology, or
 - B. graduated from an accredited college or university with a bachelor's degree, with a major in one of the biological or chemical sciences, and either
 - i. completed an accredited academic program in medical technology following the earning of the bachelor's degree referenced in "B" above, or
 - ii. completed at least one year of approved laboratory experience within the last five years (see definition of "approved laboratory experience" in part III on back of application).
3. Applicant must take and pass the AMT certification examination for Medical Technologist (MT).
4. Notwithstanding Criterion #3 above, the AMT Board of Directors has determined that the following applicants may be considered for MT (AMT) certification *without* further examination:
 - A. Applicant has taken and passed another certification organization's generalist examination for medical technologist, provided that the organization's exam has been approved by AMT, and provided that the applicant meets AMT's training, experience and educational requirements.
 - B. Applicant has taken and passed a generalist medical technologist level examination for state licensure, provided that the state's exam has been approved by AMT, and provided that the applicant meets AMT's training, experience and educational requirements.

Provided, in both cases, that the applicant is currently employed, or has recent experience (working in three of the last five years), as a medical technologist.

INFORMATION AND INSTRUCTIONS TO APPLICANT

1. Please type or print all information **except** where signatures are required.
2. Please check the Requirement above under which you are applying.
3. Before submitting this application, make sure you have provided the following:
 - \$125.00 application fee
 - Official transcripts verifying education/graduation from college or university (with school seal or Notarized)
 - Official documentation of any military training that was accepted for college credit 2. B.
 - Foreign transcripts must be evaluated and original evaluation or notarized true copy must be submitted with the application.
 - All solid line areas completed by applicant; all dotted line areas completed by designated person
 - Complete names and address of employers for experience verification
 - Copy of other credentials you hold for 3. A, B.
 - Application signed and dated by applicant on back page
 - Indication of any past or current MLT (AMT) certification**
 - Signed and dated examinee agreement
4. You will be notified upon approval of this application and informed of examination schedules.
5. An applicant who does not appear at his/her examination will be assessed a \$60.00 fee for rescheduling.
6. Applicant must present photo identification at time of testing.

PART I. PERSONAL INFORMATION

Full Name _____ E-mail _____	
Street Address _____ City _____ State _____ Zip + 4 _____	
Daytime Phone Number () _____ Date of Birth _____	
Maiden and/or any former names _____	
Name and address of nearest relative (do not list spouse) _____	

Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please include the following information with your application on a separate piece of paper: when was the felony, what was the felony, what court and the outcome and please be specific. Include copies of court documents if available. NOTE: This question must be answered for your application to be processed.	
OPTIONAL INFORMATION	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Race/Ethnic Group: White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/>	

PART II. EDUCATION AND TRAINING

**A. SECONDARY
SENIOR
HIGH SCHOOL**

Name/Address	Dates Attended	Graduation Date
G.E.D.:		
	Date of Certificate/City/State	

B. COLLEGE OR UNIVERSITY

Name/Complete Address	Dates Attended	Hours Completed	Degree Awarded

C. MEDICAL LABORATORY SCHOOL

Proof of graduation must be provided.

Name/Complete Address	Dates Attended	Year Completed	Degree/Diploma/Certificates

