



**Application for Certification as a
CERTIFIED OFFICE LABORATORY TECHNICIAN – COLT (AMT)**

(Print or type)

Last name First name Middle initial

Permanent or mailing address

City State Zip + 4

Social Security Number

IMPORTANT NOTICE TO APPLICANT

Read requirements for certification and follow instructions printed on page 2 of this application before completing.

Qualified applicants are considered for certification without regard to race, creed, color, national origin, age, gender, disability, or place of employment.

To help us comply with Federal/State equal opportunity record keeping, reporting, and other legal requirements, please answer all questions.

Do not write in space below

| | | | | | |
|---------------------------|-------------|----------------|------------------------|---------------------|----------|
| Date Application Received | | Date Completed | | Approved by | |
| Application rejected by | | Reason | | Date Notified | |
| Exam Date | Test Series | Exam ID | Exam Site/Proctor | Exam Score (or DNT) | Fee Paid |
| ----- | ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- | ----- |
| Issue Date: | | | GRANTED: certificate # | | |

CERTIFIED OFFICE LABORATORY TECHNICIAN (COLT)

A Certified Office Laboratory Technician (COLT) is a health practitioner qualified by education, experience, and examination to perform routine medical laboratory testing and office tasks typically associated with a physician's office practice. As a multi-skilled practitioner, the technician performs wavered and moderately complex laboratory testing, medical (front) office tasks, and performs a variety of tasks involving direct patient contact. As the technician is involved in many diverse aspects of medical office practice, quality assurance, safety, and professional conduct are defining aspects of this practitioner's role.

REQUIREMENTS FOR CERTIFICATION AS A REGISTERED CERTIFIED OFFICE LABORATORY TECHNICIAN – COLT (AMT)

- 1. Applicant shall be of good moral character.**
- 2. Applicant must take and pass the AMT Certification Examination for Certified Office Laboratory Technician.**
- 3. Applicant shall meet one of the following requirements (*Check one box only*):**
 - A. ACADEMIC** – Successfully completed an academic course (or combined courses) of study that includes a minimum of: 1) 100 clock hours of study in fundamental laboratory technology, 2) 50 clock hours of study in medical office duties, and 3) 50 clock hours of study in patient contact related tasks. These 200 didactic clock hours are required in addition to 120 hours of documented, satisfactory clinical experience in a physician's office.
 - B. EXPERIENTIAL** – Completed at least 1,040 hours of documented, satisfactory work experience within the past three years that includes the performance of duties related to: 1) the clinical laboratory, 2) medical office tasks, and 3) direct patient contact and patient management. (No less than 50% of this experiential time (520 hours) may be related to the laboratory.)

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:
 - \$90.00 application fee
 - Proof of high school graduation or acceptable equivalent enclosed if applying under requirement B
 - Official final transcripts stating graduation from college, or training program (with school seal affixed or notarized)
 - All solid line areas completed by applicant; all dotted line areas completed by designated person
 - Complete names and address of employers for experience verification
 - Application signed and dated by applicant on back page
 - Signed and dated examinee agreement
4. You will be notified upon approval of this application and informed of examination schedules. (ABHES students/graduates to be included in an examination administered at their school will receive confirmation of scheduling from the school.)
5. An applicant who does not appear at his/her scheduled examination will be assessed a \$60.00 fee for subsequent 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) _____ | |
| <p>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 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.</p> | |
| 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 | |

(If applying under requirement B on page 2, proof of high school graduation or equivalent must be provided.)

B. COLLEGE OR UNIVERSITY

| Name/Complete Address | Dates Attended | Hours Completed | Degree Awarded |
|-----------------------|----------------|-----------------|----------------|
| | | | |

C. OFFICE LABORATORY TECHNICIAN TRAINING

This section must be completed by a proper school or training program official to verify training in physician’s office laboratory techniques and completion of a course wherein the curriculum is acceptable to this organization. The applicant’s final transcript must also be provided.

Applicant Name

School/Program Name

School/Program Address

Course Dates: From/...../..... To/...../.....

I hereby certify that the applicant named above did (or will) satisfactorily complete the entire prescribed phlebotomy course and is recommended as a qualified candidate for certification as a Certified Office Laboratory Technician of American Medical Technologists.

Date School Official’s Signature

Title/Position

PART III. APPROVED OFFICE LABORATORY EXPERIENCE

All approved physician laboratory experience credited toward certification must be earned in an approved health care facility that engages in moderately-complex laboratory testing, medical (front) office tasks, and performs a variety of tasks involving direct patient contact. It may be:

- (a) in a clinical laboratory (i) directed by a person holding an earned doctorate degree in one of the sciences, or (ii) approved, during the time of claimed credit, for service to patients under "Conditions for Coverage of Services of Independent Laboratories" under Medicare adopted by the Secretary of Health and Human Services (HHS, formerly HEW), as such conditions may exist from time to time, or (iii) in a state or city which licenses clinical laboratories, in a laboratory approved by the state or city, or
(b) in a research laboratory (i) operated by an accredited college or university, or (ii) directed by the holder of an earned doctorate degree, or
(c) in a laboratory of a hospital accredited by the Joint Commission on Accreditation of Health Care Organizations or by the Bureau of Hospitals of the American Osteopathic Association, or
(d) in any other type of health care facility where such skills and experience may be acquired, such as a HMO, POL, Group Practice, etc.

Where required, office laboratory experience will be verified by AMT with the facilities listed below:

Table with 3 columns: Name of Lab and Director, Street Address/City/State/Zip, Dates of Employment (month & year). Includes rows for 'From ___/___ To ___/___'.

PART IV. RECOMMENDATION FOR CERTIFICATION

If you are applying under B and have graduated over three years ago, or if your school does not meet the requirements as stated, this section must be completed for the application to be processed.

- Physician Signature
AMT Member Address
(If member) AMT Registry #

PART V. OPTIONAL SCORE RELEASE

Some educational institutions request their graduates' examination results. To grant permission for your results to be eligible for release if requested, sign the release authorization below. Signing this release is VOLUNTARY, and will not affect the outcome of your examination in any way. If you do NOT want your results released, DO NOT sign the authorization.

I hereby authorize American Medical Technologists to release my examination results to the school listed in II C.

Signature of Examinee

PART VI. AGREEMENT

I consent to give AMT the authority to request the necessary information from individuals, institutions, and/or organizations named herein in order to validate credentials for certification. I certify that the statements made herein are true and correct, to my knowledge and belief, and realize that certification is subject to revocation for misrepresentation. If accepted as a certificant, I agree to uphold and abide by the Standards of Practice and Bylaws of the AMERICAN MEDICAL TECHNOLOGISTS.

ENCLOSED HERewith IS MY APPLICATION FEE OF NINETY DOLLARS (\$90.00). *

Date Signature

*NOT REFUNDABLE. Applicant may take the examination two times on this application. A retake is permitted no sooner than three (3) months from the first attempt and no later than two (2) years after the date of the application. A retesting fee of \$60.00 will be required for a second administration. If the applicant fails to show for a scheduled examination, a fee of \$60.00 will be required before he/she may sit for the rescheduled examination. If the applicant fails the second administration, he/she must file a new application with a new fee of \$90.00, and proof of further education/training to be tested a third time. The applicant may also take the examination two times on the second application but must adhere to the time frames and fees as stated above. If the applicant fails to honor any application within two (2) years of submitting, a new application with appropriate fees must be filed.

Note: 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.

Visa MasterCard Discover Card Credit card number: Expiration:

Name on Card: Signature:

If you are paying by check or money order, make payable to:

AMERICAN MEDICAL TECHNOLOGISTS

10700 W. Higgins Road Suite 150 • Rosemont, Illinois 60018 • Phone (847) 823-5169 • Website www.amt1.com

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.