AMT
American Medical Technologists
Certifying Excellence in Allied Health

EXAMINATION RETAKE FORM – CALIFORNIA / WASHINGTON

This form should ONLY be used by active certified AMT members retaking the RMA exam for the state of Washington OR the MLT/MLS exam for the state of California exam for state licensure.

1. Authorizations are valid for one year from the date of submission.
2. A **non-refundable / non-transferable** processing fee is required for each attempt at the certification examination.
3. A retake is permitted NO SOONER THAN forty-five (45) days from the date of the previous attempt.
4. Applicants who fail **FOUR** (**4**) certification examination attempts are not eligible to take that certification examination an additional time.

NAME:_____ AMT ID: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE:_____ EMAIL: _____

I wish to retake the following certification examination for the purpose of State licensure/certification:

Washington ❑ RMA ($150.00)

I will be testing ❑ At a Pearson VUE testing center ❑ Online on a personal computer

California ❑ MLT ($220.00) Please provide your LFS # - _____

❑ MLS ($245.00) Please provide your LFS # - _____

Informed Consent of Score Use

❑ I understand that information concerning my performance on this AMT examination may be shared with the state licensing boards and other state regulatory oversight agencies.

Enclosed is my payment:

❑ Visa ❑ MasterCard ❑ Discover ❑ AMEX ❑ Check/Money Order (Payable to AMT)

Credit Card Number: _____ CVV #_____ Expiration Date: _____

Name on Card: _____

Billing address: _____ Zip Code: _____

Signature:_____ Date:_____