



REINSTATEMENT FORM

Indicate the certification type for which you are seeking reinstatement.

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Medical Technologist (MT) | <input type="checkbox"/> Medical Laboratory Technician (MLT) |
| <input type="checkbox"/> Registered Medical Assistant (RMA) | <input type="checkbox"/> Registered Dental Assistant (RDA) |
| <input type="checkbox"/> Registered Phlebotomy Technician (RPT) | <input type="checkbox"/> Allied Health Instructor (AHI) |
| <input type="checkbox"/> Certified Medical Administrative Specialist (CMAS) | <input type="checkbox"/> Certified Medical Laboratory Assistant (CMLA) |
| <input type="checkbox"/> Certified Laboratory Consultant (CLC) | |

First Name	Middle Initial	Last Name
Street Address	City/State	Zip Code
E-mail Address	Home Phone Number	Work Phone Number
Maiden Name	Date of Birth	Year Initially Certified by AMT
AMT ID#	Social Security Number	

Pre 1/1/2006 Certification

- Within the last three years, I have completed a continuing education activity relevant to my certification and the required certificate of completion is attached.
Or within the last three years, I have been working in my certification field and attached a letter from my employer documenting my employment.

Reinstatement Fees

Reinstatement fees are listed below

MT/MLT/CLC - \$140	
RMA/CMAS/RDA/CMLA/RPT - \$100	
AHI - \$80	Total _____

You can pay by check, money order or credit card

- Visa Master Card Discover American Express

Name on Card: _____ Amount: _____

Billing address of credit card holder: _____

Account Number: _____ Exp Date: _____

Signature: _____ Date: _____

WE WILL NOT HOLD OR PROCESS ANY REINSTATEMENT FORM WITHOUT THE ENCLOSED REQUIRED FEE NOR WILL AMT PROCESS IF THE FORM IS NOT COMPLETELY FILLED OUT.