

# AMERICAN CERTIFICATION AGENCY for HEALTHCARE PROFESSIONALS RECERTIFICATION APPLICATION

**Recertification through ACA is available to all current certificate holders. Please complete the application and submit the required continuing education supporting documentation, attach copies of certificates received, and applicable fees.**

**I WISH TO APPLY FOR RECERTIFICATION AS:**

Phlebotomy Technician - CPT (ACA)  
Phlebotomy Instructor - CPI (ACA)

ECG Technician - CET (ACA)  
ECG Technician Instructor - CEI (ACA)

Medical Practice Coder - CMPC-POL (ACA)  
Medical Coding Instructor - CMPCI (ACA)

Patient Care Technician - CPCT (ACA)  
Patient Care Instructor - CPCI (ACA)

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial                                      Former Name

\_\_\_\_\_  
Current mailing address      Street                                      City                                      State                                      Zip

(      ) \_\_\_\_\_      (      ) \_\_\_\_\_  
Daytime phone number with extension      Home phone number      **Email Address**

\_\_\_\_\_  
Social Security Number                                      Date of Birth                                      **ACA Certificate Number**

**CONTINUING EDUCATION SUMMARY:**

Recertification is achieved by acquiring the required amount of continuing education credits. **You are required to complete 0.5 CE hours per month since you became certified or last recertified.** One hour of CE equals one contact hour of credit. **Any CE submitted without support of documentation must be accompanied by signature of director, manager or supervisor. Maximum amount required is 12 hrs. of CE every 2 yrs.**  
**(EXP: If you have been certified for 16 mo., 0.5 x 16 mo. = 8.0 hrs of CE needed.)**

CONTINUING EDUCATION ACTIVITIES	HOURS

**Email any questions to: [info@acacert.com](mailto:info@acacert.com)**

Check enclosed      VISA      Mastercard

FEES	
One Category	\$60.
Two Categories	\$85.
Three Categories	\$95.
Instructor – per category	\$60.
Total Enclosed	

\_\_\_\_\_  
Credit Card Number                                      Sec Code      Exp Date

\_\_\_\_\_  
Authorized Signature

**Mail To: ACA**  
**P. O. Box 58      Osceola, IN 46561**  
**TEL: (574) 277-4538      FAX: (574) 277-4624**

**NOTE: ADD ADDITIONAL \$15. IF  
POSTMARKED AFTER JUNE 30<sup>TH</sup>.**