

AMERICAN CERTIFICATION AGENCY FOR HEALTHCARE PROFESSIONALS

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

Application for Certification as a CERTIFIED PATIENT CARE TECH INSTRUCTOR - CPCI (ACA)

Print or type your name exactly as you want it to be on your certificate.

Last name

First name

Middle initial/name

Information and Instructions to Applicant

1. Please type or print all information **except** where signatures are required.
2. Please check the eligibility requirements for certification approval on the next page.
3. Before submitting this application, make sure you have provided the following:
 - _____ \$150.00 application fee (must accompany the application or it will not be processed).
 - _____ Proof of certification or state license.
 - _____ Proof of graduation from phlebotomy school, college or equivalent training program.
 - _____ Proof of current CPR certification.
 - _____ Current resume.
 - _____ One written letter of reference attesting to experience in the healthcare environment, teaching and training of personnel in phlebotomy, ECG and patient care.
 - _____ Proof of at least 10 hours of medical continuing education during the past year.
 - _____ A detailed syllabus or course outline.
 - _____ Completed application signed and dated by applicant and necessary deans and/ or supervisors.
4. All applications are subject to content verification and approval.
5. Ineligible applicants will be refunded the application fee minus a \$50 processing fee.
6. Upon approval applicant will receive a certificate as a Certified Patient Care Tech Instructor.
7. Instructor certification must be renewed annually by providing proof of 10 hours of medical continuing education and submitting a \$50 recertification fee.

ELIGIBILITY REQUIREMENTS FOR INSTRUCTOR APPROVAL

1. Applicant shall be a graduate of an accredited high school or acceptable equivalent.
2. Applicant must meet the following requirements:
 - A. Registered or certified laboratory technologist/scientist/technician, certified phlebotomist, certified medical assistant or licensed/registered LPN/RN.
 - B. Current CPR certification.
 - C. A minimum of three years work experience in the healthcare environment with documented experience in performing phlebotomy, ECG and patient care.
4. A minimum of one year documented teaching experience.

Part I.

PERSONAL INFORMATION

Full Name _____ Social Security Number _____ / _____ / _____

Street Address _____ City _____ State _____ Zip _____

Home Phone Number (_____) _____ Work Phone Number (_____) _____

Part II.

EDUCATION AND TRAINING

A. Secondary

Senior High School _____ Dates attended _____

Address _____ Date graduated _____

GED _____ Date _____ City/State _____

B. College or University

Name/Complete Address	Dates	Hrs. completed	Degree
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C. Healthcare and/or Training

The applicant's final transcript must be provided.

1. **Applicant Name**
School Name
Program Name _____ **Tel no:**
School Address
Course dates: From _____ / _____ / _____ **to** _____ / _____ / _____

2. **School Name**
Program Name _____ **Tel no:**
School Address
Course dates: From _____ / _____ / _____ **to** _____ / _____ / _____

PART III. EMPLOYMENT EXPERIENCE

Approved Healthcare Experience

All approved healthcare experience credited toward certification must be earned in an approved healthcare facility such as a hospital, physician office laboratory, independent laboratory, HMO, group practice, etc.

1. **Facility** _____ **Employment dates (mo. & yr.)**
Address:
_____ **From** _____ / _____ **to** _____ / _____

Position Held	Supervisor's Name	Telephone number
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2. **Facility** _____ **Employment dates (mo. & yr.)**
Address:
_____ **From** _____ / _____ **to** _____ / _____

Position Held	Supervisor's Name	Telephone number
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Part IV. PATIENT CARE TECHNICIAN COURSE CONTENT

Name of facility where training is to be held

Address & Telephone #

Title of Course

of classes per year _____ **# of students per class**

