

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:

- | | |
|--|--|
| <input type="checkbox"/> Phlebotomy Technician - CPT (ACA) | <input type="checkbox"/> ECG Technician - CET (ACA) |
| <input type="checkbox"/> Phlebotomy Instructor - CPI (ACA) | <input type="checkbox"/> ECG Technician Instructor - CEI (ACA) |
| <input type="checkbox"/> Medical Practice Coder - CMPC-POL (ACA) | <input type="checkbox"/> Patient Care Technician - CPCT (ACA) |
| <input type="checkbox"/> Medical Coding Instructor - CMPCI (ACA) | <input type="checkbox"/> 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

- Check enclosed VISA Mastercard

FEES

<input type="checkbox"/> One Category	\$ 80.	
<input type="checkbox"/> Two Categories	\$100.	
<input type="checkbox"/> Three Categories	\$120.	
<input type="checkbox"/> Instructor – per category	\$ 80.	
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 \$40.00 IF
POSTMARKED AFTER JUNE 30TH.**