

AMERICAN CERTIFICATION AGENCY for HEALTHCARE PROFESSIONALS

TRANSFER APPLICATION

Transfer to ACA without taking an exam is open to anyone holding a current, valid certification with a nationally recognized agency in the same discipline. 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 CERTIFICATION 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"/> Patient Care Technician - CPCT (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:

Transfer to ACA can be achieved by providing proof of continuing education credits. Twelve (12) contact hours may certify one for up to two (2) years. Six (6) contact hours may certify one for up to one (1) year. **Any CE submitted without support of documentation must be accompanied by signature of director, manager or supervisor.**

| CONTINUING EDUCATION ACTIVITIES | HOURS |
|---------------------------------|-------|
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Email any questions to: info@acacert.com

| 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 | |

☐ Check ☐ Money Order ☐ Credit Card

| | | |
|------------------------|--------------------|------------------------|
| _____ Credit Card # | _____ Exp. Date | _____ Security Code |
|------------------------|--------------------|------------------------|

Authorized Signature

Mail To: ACA Email: info@acacert.com
PO Box 58 Osceola, IN 46561

Phone/ Fax: 574-254-1307