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.

WISH TO APPLY FOR RECER	TIFICATION AS:					
- Phlebotomy Technician - CPT (ACA) - Phlebotomy Instructor - CPI (ACA)		ECG Technician - CET (ACAECG 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 Firs	t Name	Middle Initial		Former Name		
Current mailing address Street		City	5	State	Zip	
()	()				
Daytime phone number with extension Home		phone number		Email Address		
Social Security Number Date of B		Birth	ACA C	ACA Certificate Number		
CONTINUING EDUCATION S	UMMARY.					
0.5 CE hours per month since you Any CE submitted without support supervisor. Maximum amount requ (EXP: If you have been certified fo	of documentation uired is 12 hrs. of C or 16 mo., 0.5 x 16 n	must be accompanied E every 2 yrs. no. = 8.0 hrs of CE nee	by signature of		nanager or	
C	N ACTIVITIES	VITIES HOURS				
Email any questions to: <u>info@a</u>	acacert.com	□ Check /Mo	oney Order	UISA [☐ Mastercard	
FEES						
One Category \$80.		Credit Card Number Sec Code Exp Date				
☐ Two Categories \$100	\$100. Authorized Signature			· · · · · · · · · · · · · · · · · · ·		
☐ Three Categories \$120).	Mail To: AC		ola, IN 4656	1	
☐ Instructor – per category \$ 80.		TEL: (574) 2		XX: (574) 25		

Total Enclosed

NOTE: ADD ADDITIONAL \$40.00 IF POSTMARKED AFTER JUNE 30TH.