

AMERICAN CERTIFICATION AGENCY FOR HEALTHCARE PROFESSIONALS

**P.O. Box 58
Osceola, IN 46561
TEL: (574) 254-1307
FAX: (574) 254-1307**

Application for Certification as a CERTIFIED ECG TECHNICIAN - CET(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 on the next page.
3. Before submitting this application, make sure you have provided the following:
 - _____ \$ 100.00 application fee (must accompany the application); **Copy of a PICTURE ID.**
 - _____ Proof of high school graduation or equivalent
 - _____ If applicable, copy of final transcript stating graduation from college or a training program
 - _____ If applicable, copy of state license
 - _____ Application signed and dated by applicant and necessary instructors and supervisors.
4. Application must be completed, signed and received at least 15 days before the scheduled examination date.
5. All applications are subject to content verification and approval.
6. Ineligible applicants will be refunded the examination fee minus a \$35.00 processing fee.
7. No refunds will be made for no-shows on the exam date.
8. You will receive notification upon approval of this application, informed of scheduled examination site, receive study guide and content outline.

ELIGIBILITY REQUIREMENTS FOR CERTIFICATION

1. Applicant shall be a graduate of an accredited high school or acceptable equivalent.
2. Applicant must meet one of the following requirements (check one box):
 - A. ☐ Completed at least six months of work experience using ECG skills.
 - B. ☐ Successful completion of a structured ECG Technician program.
 - C. ☐ Have a current, valid certification obtained by an examination from another certification agency or society approved by ACA. These applicants will be considered for ACA certification without taking another exam. Recertification requirements must be met.
3. All applicants applying under 2 A. and 2 B. **must** take and **pass** the ACA examination for ECG Technician CET(ACA).

Part I.

PERSONAL INFORMATION

Full Name _____ Social Security Number xxx / xx / _____
Street Address _____ City _____ State _____ Zip _____
Home Phone Number (____) _____ Work Phone Number (____) _____
Email Address _____

Part II.

EDUCATION AND TRAINING

A. Secondary

Senior High School _____ Dates attended _____
Address _____ Date graduated _____
G.E.D. _____ Date _____ City/State _____

B. College or University

Name/Complete Address	Dates	Hrs. completed	Degree

C. ECG Training

If applicant is currently in school or training program, this section must be completed by a proper school official to verify training and successful completion of the course. Proof of program completion must be provided.

Applicant Name _____ **Birthdate** _____

School Name _____

Program Name _____ **Tel no:** _____

School Address _____

Course dates: **From** _____ / _____ / _____ **to** _____ / _____ / _____

I hereby certify that the applicant named above did (or will) satisfactorily complete the entire formal program which included didactic instruction. I recommend this applicant as a qualified candidate for certification as a Certified ECG Technician of the American Certification Agency.

Official Signature _____ **Date** _____

Title/Position _____

PART III.

EMPLOYMENT EXPERIENCE

Approved ECG Experience

All approved ECG 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** _____

—
3. **Facility** _____ **Employment dates (mo. & yr.)**

Address:

_____ **From** _____ / _____ **to** _____ / _____

Position Held _____ **Supervisor's Name** _____ **Telephone number** _____

PART IV. RECOMMENDATION FOR CERTIFICATION

If applicant is currently employed, please have supervisor or manager sign this recommendation for certification.

Signature/Title _____ Date _____

Address _____

Street

City

State

Zipcode

PART V. OPTIONAL SCORE RELEASE

Some educational institutions and/or state licensure boards request applicants' examination results. To grant permission for your results to be eligible for release if requested, sign the release authorization below. Signing this release is VOLUNTARY and will not effect the outcome of your examination in any way. If you DO NOT want your results released, DO NOT SIGN THE AUTHORIZATION. I hearby authorize the American Certification Agency for Healthcare Professionals to release my examination scores:

Applicant's Signature _____ Date _____

PART VI. AGREEMENT

I hereby give my authorization to the American Certification Agency for Healthcare Professionals to request necessary information from individuals, institutions, and/or organizations named herein to validate information for certification. I certify that the information given herein is true and correct, to my knowledge and belief, and realize that certification is subject to revocation for misrepresentation. If accepted as a certificant, I agree to uphold and abide by the Standards of Practice and Bylaws of the American Certification Agency for Healthcare Professionals.

Applicant's Signature _____ Date _____

Do not write in space below

Date application received ____ / ____ / ____ Date completed ____ / ____ / ____ Approved by _____

Application rejected by _____ Reason _____ Date notified ____ / ____ / ____

Exam Date	Test Series	Exam Site	Proctor	Exam Score	Fee Paid

Birth date _____

Social Security Number _____

GRANTED CERTIFICATE # _____

ISSUE DATE _____

RECERT DATES _____
