## 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	RECERTIFICATI	ION AS:				
Phlebotomy Technician - CPT (ACA) Phlebotomy Instructor - CPI (ACA)			<ul><li>- ECG Technician - CET (ACA</li><li>- ECG Technician Instructor - CEI (ACA)</li></ul>			
Medical Practice Coder - CMPC-POL (ACA) Medical Coding Instructor - CMPCI (ACA)			<ul><li>- Patient Care Technician - CPCT (ACA)</li><li>- Patient Care Instructor - CPCI (ACA)</li></ul>			
ast Name	First Name	Middle	Middle Initial		Former Name	
Current mailing address	Street		City	State	Zip	
) Daytime phone number with	n extension	( )_ Home phone number		Email Address	s	
Social Security Number Date of		Date of Birth		ACA Certificate Number		
supervisor. Maximum amo EXP: If you have been ce	ertified for 16 mo.,			)	HOURS	
Email any questions to:		<u>com</u> □ C	heck /Money	Order 🗆 VISA	. □ Mastercard	
□ One Category \$80.		Cred	Credit Card Number Sec Code Exp Date			
		Auth	Authorized Signature			
<ul><li>☐ Two Categories</li><li>☐ Three Categories</li></ul>	\$100. \$120.	P. 0	Mail To: ACA P. O. Box 58 Osceola, IN 46561			
□ Instructor – per category \$ 80.			TEL: (574) 254-1307			

Total Enclosed

POSTMARKED AFTER JUNE 30<sup>TH</sup>.