## 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:   |  |   |        |  |
|---|--|---|--------|--|
| <ul><li>□ Phlebotomy Technician - CPT (ACA)</li><li>□ Phlebotomy Instructor - CPI (ACA)</li></ul> | ☐ ECG Technician - CET (ACA☐ ECG 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 First Name  | First Name Middle Initial  |   | lame   |  |
| Current mailing address Street  | City   | State   | Zip    |  |
| ( ) ( Daytime phone number with extension   | )<br>Home phone number   | Email Address   |        |  |
| Social Security Number  | Date of Birth  | ACA Certificant Nu  | mber   |  |
| CONTINUING ED   | DUCATION ACTIVITIES  |   | HOURS  |  |
|   |  |   |        |  |
| Email any questions to: info@acacert.com  | n ☐ Check enclose  | ed 🗆 VISA 🗆 Mast  | ercard |  |
| ☐ One Category \$80.  | Credit Card Number   | Sec Code Exp Date   |        |  |
| ☐ Two Categories \$100.   | Authorized Signature   | Authorized Signature  |        |  |
| ☐ Three Categories \$120.   | Mail To: ACA   | Mail To: ACA<br>P. O. Box 58 Osceola, IN 46561<br>TEL: (574) 277-4538 FAX: (574) 277-4624 |        |  |
| ☐ Instructor – per category \$80.   | TEL: (574) 277-453   |   |        |  |
| Total Enclosed  |  |   |        |  |