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.

I WISH TO APPLY FOR	RECERTIFICAT	TION AS:			
- Phlebotomy Technician - CPT (ACA) - Phlebotomy Instructor - CPI (ACA) - Medical Practice Coder - CMPC-POL (ACA) - Medical Coding Instructor - CMPCI (ACA)			 ECG Technician - CET (ACA ECG Technician Instructor - CEI (ACA) Patient Care Technician - CPCT (ACA) Patient Care Instructor - CPCI (ACA) 		
Current mailing address	Street		City	State	Zip
() Daytime phone number wit	h extension	() Home phone numb	per	Email Addres	es
XXX XX Social Security Number		Date of Birth		ACA Certificat	te Number
supervisor. Maximum am (EXP: If you have been c	ertified for 16 mo.		rs of CE needed.	.)	HOURS
Email any questions to	: info@acacert.	.com	Check /Money	r Order □ VISA	A □ Mastercard
FI	EES				
□ One Category	\$ 80.		Credit Card Numb		ec Code Exp Date
□ Two Categories	\$100.		Authorized Signati		
☐ Three Categories	\$120.		Mail To∶ ACA P. O. Box TEL: (574) 254-1	•	46561
□ Instructor – per category \$ 80.			TEL: (574) 254-1307 FAX: (574) 254-1307 NOTE: ADD ADDITIONAL \$40.00 IF		
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Total Enclosed

POSTMARKED AFTER JUNE 30TH.