## 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	RECERTIFICAT	ΓΙΟΝ AS:				
Phlebotomy Technician - C		<ul><li>- ECG Technician - CET (ACA</li><li>- ECG Technician Instructor - CEI (ACA)</li></ul>				
Medical Practice Coder - ( Medical Coding Instructor	<b>(</b> )	<ul><li>- Patient Care Technician - CPCT (ACA)</li><li>- Patient Care Instructor - CPCI (ACA)</li></ul>				
_ast Name	First Name	Midd	le Initial	Former Name		
Current mailing address	Street		City	State	Zip	
)		( )				
Daytime phone number with extension Home		Home phone numbe	phone number Email A			
Social Security Number Da		Date of Birth	of Birth ACA		A Certificate Number	
supervisor. Maximum ame EXP: If you have been co	ertified for 16 mo	., 0.5 x 16 mo. = 8.0 hrs		)		
CONTINUING EDUCATION ACTIVITIES					HOURS	
Email any questions to	info@acacert	.com	Check /Money	Order □ VISA	□ Mastercard	
FE	Cr	Credit Card Number Sec Code Exp Date				
One Category	\$ 80.	Au	thorized Signatu	ture		
Two Categories	\$100.	Ma	Mail To: ACA P. O. Box 58 Osceola, IN 46561			
Three Categories	\$120.	TI	TEL: (574) 254-1307 FAX: (574) 254-1307			
Instructor – per category \$ 80.			NOTE: ADD ADDITIONAL <u>\$40.00</u> IF POSTMARKED AFTER JUNE 30 <sup>TH</sup> .			
Total Enclosed			PUSTMARKED AFTER JU		•	