

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:

- | | |
|---|--|
| <input type="checkbox"/> Phlebotomy Technician - CPT (ACA) | <input type="checkbox"/> ECG Technician - CET (ACA) |
| <input type="checkbox"/> Phlebotomy Instructor - CPI (ACA) | <input type="checkbox"/> ECG Technician Instructor - CEI (ACA) |
| <input type="checkbox"/> Patient Care Technician - CPCT (ACA) | |
| <input type="checkbox"/> Patient Care Instructor - CPCI (ACA) | |

Last Name	First Name	Middle Initial	Former Name
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Current mailing address	Street	City	State	Zip
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() _____ Daytime phone number with extension	() _____ Home phone number	_____ Email Address
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_XXX-XX Social Security Number	_____ Date of Birth	_____ ACA Certificate Number
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CONTINUING EDUCATION SUMMARY: Copy of a picture ID must accompany application.

Transfer to ACA can be achieved by providing proof of continuing education credits. Twelve (12) contact hours may certify one for up to two (2) years. Six (6) contact hours may certify one for up to one (1) year. **Any CE submitted without support of documentation must be accompanied by signature of director, manager or supervisor.**

CONTINUING EDUCATION ACTIVITIES	HOURS

Email any questions to: info@acacert.com

FEES	
<input type="checkbox"/> One Category	\$ 80.
<input type="checkbox"/> Two Categories	\$100.
<input type="checkbox"/> Three Categories	\$120.
<input type="checkbox"/> Instructor – per category	\$80.
Total Enclosed	

- Check Money Order Credit Card

Credit Card #	Exp. Date	Security Code
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Authorized Signature

**Mail To: ACA Email: info@acacert.com
PO Box 58 Osceola, IN 46561**

Phone/ Fax: 574-254-1307