

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 RECERTIFICATION AS:

- | | |
|--|---|
| <input type="checkbox"/> Phlebotomy Technician - CPT (ACA)
<input type="checkbox"/> Phlebotomy Instructor - CPI (ACA)

<input type="checkbox"/> Medical Practice Coder - CMPC-POL (ACA)
<input type="checkbox"/> Medical Coding Instructor - CMPCI (ACA) | <input type="checkbox"/> ECG Technician - CET (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 (last 4 digits)	_____ Date of Birth	_____ ACA Certificate Number
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CONTINUING EDUCATION SUMMARY:

Recertification is achieved by acquiring the required amount of continuing education credits. **You are required to complete 0.5 CE hours per month since you became certified or last recertified.** One hour of CE equals one contact hour of credit. **Any CE submitted without support of documentation must be accompanied by signature of director, manager or supervisor. Maximum amount required is 12 hrs. of CE every 2 yrs. for one technician category.**

CONTINUING EDUCATION ACTIVITIES	HOURS

Email any questions to: info@acacert.com

- Check /Money Order Cash Credit Card

FEES	
<input type="checkbox"/> One Category (New 2024) \$ 90.	
<input type="checkbox"/> Two Categories \$100.	
<input type="checkbox"/> Three Categories \$120.	
<input type="checkbox"/> Instructor – per category \$ 80.	
Total Enclosed	

Credit Card Number Sec Code Exp Date

Authorized Signature

Mail To: ACA Email: info@acacert.com
P. O. Box 58 Osceola, IN 46561
TEL: (574) 254-1307 FAX: (574) 254-1307

**NOTE: ADD ADDITIONAL \$40.00 IF
POSTMARKED AFTER JUNE 30TH.**