



# AMERICAN ASSOCIATION OF HEALTH TECHNICIANS®

## Renewal Application for Technicians

Please fill out application in full.

AAHT Advisory Board review process will take between 10-15 business days upon receipt of application.

### Personal information

Please fill in readable letters as appear in our Identification or how you want show in your Diploma.

FIRST NAME		MIDDLE	LAST		TECHNICIAN MEMBER ID	
ADDRESS		CITY		STATE	ZIPCODE	
CELL PHONE/ DAY	E-MAIL		DRIVER LISENCE OR ID		STATE	

SCHOOL / ORGANIZATION NAME	INSTITUTION CODE
----------------------------	------------------

Check the program(s) you want to renew	EXPIRATION DATE
<input type="checkbox"/> Certified Phlebotomy Technician (CPT)	
<input type="checkbox"/> Certified EKG/ECG Technician (CET)	
<input type="checkbox"/> Certified Medical Assistant (CMA)	
<input type="checkbox"/> Certified Billing & Coding Specialist (CBC)	
<input type="checkbox"/> Certified Medical Administrative Assistant (CMAA)	
<input type="checkbox"/> Certified Medical Transcriptionist (CMT)	
<input type="checkbox"/> Certified Patient Care Technician / Patient Care Associate (CPCT)	
<input type="checkbox"/> Certified Surgical Technician (CST)	

PAYMENT FEE			
<b>All renewal certifications will be for (2) years.</b>			
<input type="checkbox"/> \$95 full payment for (1) program that you choose for (2) two years, – OR – <input type="checkbox"/> \$160 full payment for (2) programs that you choose for (2) two years, – OR – <input type="checkbox"/> \$210 full payment for (3) three programs that you choose for (2) two years.			
<b>Late fee + renewal fee</b>	<input type="checkbox"/> 1 Year - \$30	<input type="checkbox"/> 2 Years - \$50	<input type="checkbox"/> > 2 Years - \$70
<b>Certified copy</b>	<input type="checkbox"/> Membership card - \$15	<input type="checkbox"/> Diploma - \$30	

### The steps to renew your certification

1. Attach letter head to demonstrate one (1) year (part-time) or six (6) months (full-time) of work in the area to certify **-OR-**
2. Attach copy of 4 CEU active diplomas.
3. Attach Actual picture, digital format JPG -160x180 pixels and white background.
4. Send your application and all Documents to [info@aah-tech.com](mailto:info@aah-tech.com)
5. You will receive an invoice via secure server Paypal. The review process will take between 10-15 business days upon receipt this application

**Application that doesn't have Name, Last name and email will be discarded.**

-----  
Signature

-----  
Date

Under perjury penalty, I declare and certify that I have provided the correct information. I understand that if any information provided here is not true or correct, my certification could be suspended. By signing the application, you accept the terms and conditions exposed in it, and you are committed to its fulfillment according to the terms of it.