American Association of Health Technicians

FORM A31

Registration Form for National Certification

PROFESSIONAL / TECHNICIAN

Please fill out the application in full. Print clearly, exactly as it appears on your ID or as you want it shown on your diploma. The AAHT Advisory Board review takes **7-10 business days** after your application is received. **Paper applications can take 10-15 business days.**

1 PERSONAL INFORMATION

** required*

FIRST NAME *

MIDDLE

LAST NAME *

MAILING ADDRESS (STREET, APT / UNIT)

CITY

STATE

ZIP CODE

CELL PHONE *

EMAIL *

DATE OF BIRTH (MM/DD/YYYY)

☐ **Text message notifications (optional).** I agree to receive text messages from AAHT about my application status, certification updates and account information. Message frequency varies. This is not a marketing list. Reply STOP at any time to opt out.

2 SCHOOL / ORGANIZATION

Leave blank if you are applying on your own

SCHOOL / ORGANIZATION NAME

INSTITUTION / AGENCY CODE

TECHNICIAN MEMBER ID

Enrolled through a school or organization? Write its name and **Institution / Agency Code** (your school can give it to you). Already hold an AAHT credential? Enter your **Technician Member ID** - it is printed on the back of your card.

3 IDENTIFICATION & EXAM LANGUAGE

TYPE OF IDENTIFICATION (ATTACH A COPY) *

☐ Driver's license ☐ Passport ☐ Other photo ID

ID NUMBER *

STATE / COUNTRY OF ISSUE

EXAM LANGUAGE *

☐ English ☐ Spanish

Exams are offered in **English or Spanish** - choose one. If you do not choose, your exam will be delivered in English.

HOW TO APPLY

1 Fill out pages 1 and 2

Complete every section and sign the certification on page 2.

2 Gather your documents

ID copy, diploma or proof, passport-style photo (and translation if needed).

3 Send everything by email

certifications@aah-tech.com - one email with the form and all documents.

4 Review & invoice

Within 7-10 business days of receipt (10-15 for paper) you will get a secure PayPal invoice.

Applications missing a name, last name, email or identification (passport or driver license) will be discarded.

Form A31 | Certification & Documents

AAHT

4 CERTIFICATION & PATHWAY

Tick ONE box per certification

Each box shows your fee for that certification and pathway. A dash (-) means that pathway is not offered for that certification. You may apply for more than one certification. **All certifications are initially valid for (2) years.**

CERTIFICATION		GRADUATION Exam required	TRANSFER No exam	COMPETENCY No exam *	EXPERIENCE No exam **
Certified Allied Health Instructor	CAHI	-	☐ $135	-	-
Certified Billing and Coding Specialist	CBCS	☐ $135	☐ $135	-	-
Certified Clinical Medical Assistant	CCMA	☐ $135	☐ $135	☐ $80	-
Certified Electrocardiograph Technician	CET	☐ $135	☐ $135	-	-
Certified Electronic Health Records Specialist	CEHR	☐ $135	☐ $135	-	-
Certified Home Health Aide	CHHA	☐ $135	☐ $135	-	☐ $90
Certified Medical Administrative Assistant	CMAA	☐ $135	☐ $135	-	-
Certified Medical Aesthetician	CMAE	☐ $135	☐ $135	-	-
Certified Medical Assistant	CMA	☐ $135	☐ $135	☐ $80	-
Certified Medical Laboratory Assistant	CMLA	☐ $135	☐ $135	-	-
Certified Medical Transcriptionist	CMT	☐ $135	☐ $135	-	-
Certified Patient Care Technician	CPCT	☐ $135	☐ $135	☐ $80	-
Certified Phlebotomy Technician	CPT	☐ $135	☐ $135	-	-
Certified Surgical Technologist	CST	☐ $135	☐ $135	-	-

* Competency: for CCMA, CMA and CPCT, with **active AAHT CPT and CET** certifications. No exam required. ** Experience: available for **Home Health Aide (CHHA) only**.

GRADUATION
Completed an approved training program within the last 5 years. Diploma copy + exam.

TRANSFER
Hold a current (or expired less than 1 year) certification from a recognized agency. No exam.

COMPETENCY
Hold active AAHT CPT and CET certifications. No exam.

EXPERIENCE
Verifiable work experience in the field (CHHA only). No exam.

5 DOCUMENTS TO ATTACH

- ☐ **Photo identification** - passport, driver license or any picture ID.
- ☐ **Diploma or certificate of completion** for each program (or the certification from another association, if transferring). *Not required for the Experience pathway.*
- ☐ **Passport-style photo** - digital JPG, 160 x 180 pixels, white background.
- ☐ **Certified translation of your diploma** - only if your diploma is in a language other than English.

6 CERTIFICATION & SIGNATURE

☐ **I certify that the information provided in this application is accurate and complete.**

Under penalty of perjury, I declare and certify that I have provided correct information. I understand that if any information provided here is not true or correct, my certification could be suspended. By signing this application, I accept the terms and conditions stated in it and commit to fulfilling them.

PRINTED LEGAL NAME *

DATE *

APPLICANT SIGNATURE (SIGN HERE)

Email the completed form and all documents to certifications@aah-tech.com