



DIRECTIONS: This application should be completed by all applicants. Failure to complete all information requested or provide verifiable information will delay processing your application and may make you ineligible to sit for the examination.

PERSONAL DATA

Name: _____
 Home Address: _____

 City _____ State _____ Zip Code _____
 Country _____
 Telephone: (Home) _____ (Cell) _____
 Home E-mail Address: _____

EMPLOYMENT DATA

Name of Current Employer: _____
 Work Address: _____

 City _____ State _____ Zip Code _____
 Country _____
 Telephone: (Work) _____ FAX: (Work) _____
 Work E-mail Address: _____

<p>*REQUIRED* - For certificates and other certification-related materials. Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work Preferred Email Address: <input type="checkbox"/> Home <input type="checkbox"/> Work</p>	<p>Are you an AAMI Member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Please complete the appropriate sections with your educational information, work experience, and/or military information.

EDUCATION:				
Name of School	Degree Attained	Field of Study (AS and higher)	Year Degree Granted	
WORK EXPERIENCE: Work experience is not an eligibility requirement for this exam but should be included.				
Position Title	Employer	Employer Phone	Date of Employment (xx/xxxx - xx/xxxx)	Full Time / Part Time
U.S. MILITARY BIOMEDICAL EQUIPMENT TECHNOLOGY PROGRAM:				
Name of Military Institution	Course Name	Date Completed		



TESTING WINDOWS: A Testing Center (September 1-15, 2020)

ACOMMODATIONS

Will you need special accommodations in order to participate in the exam? Yes No

CODE OF CONDUCT

The Code is designed to provide both appropriate ethical practice guidelines and enforceable standards of conduct for all ACI applicants, certificants, and candidates. The Code also serves as a professional resource for healthcare technology practitioners, as well as for those served by ACI certificants and candidates in the case of a possible ethical violation. All ACI applicants, candidates, and certificants must agree to comply with the ACI Code of Conduct as outlined below:

- I will conduct my professional activities with honesty and integrity.
- I will uphold my professional conduct to the highest ethical standards.
- I will represent my certifications and qualifications honestly and provide only those services for which I am qualified to perform.
- I will maintain and improve my professional knowledge and competence through regular self-assessments, continuing practice, continuing education or training.
- I will act in a manner free of bias and discrimination against clients, colleagues, or customers.
- I will maintain the privacy of individuals and confidentiality of information obtained in the course of my duties unless disclosure is required by legal authority.
- I will obey all applicable laws, regulations, and codes.
- I will follow all certification policies, procedures, guidelines, and requirements of the ACI.
- I will not use the certificate in a misleading manner.
- I will discontinue use of the certificate and certification marks upon suspension, revocation, or withdrawal by decision of the certified body.

APPLICANT VERIFICATION/AUTHORIZATION

I certify that all statements given in this Application are true and correct and that ACI, its examination boards, and and/or its agents are hereby authorized to verify the information in this application and to make inquiries necessary to ascertain the accuracy of this application and my eligibility for certification. I also authorize any organization and individual listed to validate this application information. I understand that any misrepresentation of the information I have provided will result in the rejection of this application and resulting examination. I also certify that I have read the ACI Certification Handbook and understand and agree to the policies set forth therein. I understand that I must comply with the ACI code of conduct and the renewal policy to maintain my certification. I release from all liabilities the ACI, its examination boards, and its agents, and I am aware that any certification I may receive from the AAMI Credentials Institute (ACI) will not constitute and shall not be construed as a license. Once certified by ACI, the certified person must notify ACI, without delay, of matters that can affect the capability of the certified person to continue to fulfil the certification requirements.

NON-DISCLOSURE AGREEMENT AND GENERAL TERMS OF USE

This examination is confidential and proprietary. It is made available to you, the examinee, solely for the purpose of assessing your competency in the area referenced in the title of this examination. You are expressly prohibited from recording, copying, disclosing, publishing, reproducing, or transmitting this examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior express written permission of the AAMI Credentials Institute (ACI). Non-compliance may lead to the revocation of your certification.

By signing below, I agree to all statements listed above:

Signature of Applicant

Date



ACI CABT TESTING FEES

EXAM FEES (INCLUDING \$100 APPLICATION FEE)*				
The reduced exam fee for AAMI members is non-transferable between individuals or within departments and is available only to those individuals whose AAMI membership dues are paid in full at the time of exam registration.	CABT Exam Fee		CABT Retake Fee	
	AAMI Member	Non-Member	AAMI Member	Non-Member
	\$200	\$250	\$175	\$225
Additional Fees:	Cost	Cost	Cost	Cost
Rescheduling fee outside of 5 business days (one-time only)	\$50	\$50	\$50	\$50
Rescheduling fee inside of 5 business days	Forfeit fees	Forfeit fees	Forfeit fees	Forfeit fees
No show fee	Forfeit fees	Forfeit fees	Forfeit fees	Forfeit fees
Late registration (after deadline) (non-refundable)	\$50	\$50	\$50	\$50
International testing fee (outside of domestic USA & Canada)	\$100	\$100	\$100	\$100

**The \$100 application fee is non-refundable.*

EXAM PAYMENT (Send completed application and payment to ACI at 901 N. Glebe Rd., Ste. 300, Arlington, VA 22203, Fax to 703-783-0705 or E-mail to aci@aami.org.)

Remit payment in U.S. dollars. Checks must be drawn on a U.S. bank. (See all ACI examination fees above)			
Check: <input type="checkbox"/> Please make payable to AAMI.			
\$ _____ Exam Fees			
+ \$ _____ Additional Fees (International testing fee, Late testing fee)			
<hr/>			
Charge:	\$ _____ Total Amount	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Card Number	_____	Cardholder Name	_____
Expiration (month/year)	_____	Signature	_____