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: ________________________________________

*REQUIRED* - For certificates and other certification-related materials.

Preferred Mailing Address:  □ Home  □ Work

Preferred Email Address:  □ Home  □ Work

Are you an AAMI Member?  □ Yes  □ No

Please complete the appropriate sections with your educational information, work experience, and/or military information.

<table>
<thead>
<tr>
<th>EDUCATION:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of School</td>
<td>Degree Attained</td>
</tr>
<tr>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WORK EXPERIENCE:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Position Title</td>
<td>Employer</td>
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<table>
<thead>
<tr>
<th>U.S. MILITARY BIOMEDICAL EQUIPMENT TECHNOLOGY PROGRAM:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Military Institution</td>
<td>Course Name</td>
</tr>
<tr>
<td></td>
<td></td>
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</table>
TESTING WINDOWS:  
☐ All Year

ACCOMMODATIONS

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/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 fulfill 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)*

<table>
<thead>
<tr>
<th></th>
<th>CABT Exam Fee</th>
<th>CABT Retake Fee</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>AAMI Member</td>
<td>Non-Member</td>
</tr>
<tr>
<td>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.</td>
<td>$200</td>
<td>$250</td>
</tr>
<tr>
<td>Additional Fees:</td>
<td></td>
<td></td>
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<tr>
<td>Rescheduling fee outside of 5 business days (one-time only)</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Rescheduling fee inside of 5 business days</td>
<td>Forfeit fees</td>
<td>Forfeit fees</td>
</tr>
<tr>
<td>No show fee</td>
<td>Forfeit fees</td>
<td>Forfeit fees</td>
</tr>
<tr>
<td>Late registration (after deadline) (non-refundable)</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>International testing fee (outside of domestic USA &amp; Canada)</td>
<td>$100</td>
<td>$100</td>
</tr>
</tbody>
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*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: [ ] Please make payable to AAMI.

$__________ Exam Fees

+ $__________ Additional Fees (International testing fee, Late testing fee)

Charge: $__________ Total Amount  □ VISA  □ MasterCard  □ American Express

Card Number_________________________ Cardholder Name_________________________

Expiration (month/year)_________________________ Signature__________________________