AMERICAN EDUCATION
CERTIFICATION ASSOCIATION

Phone : 815-315-8721
Fax   : 858-256-7671
Email : info@aecacert.com
Web: www.aecacert.com

CANDIDATE EXAMINATION REGISTRATION APPLICATION

SECTION 1 CANDIDATE INFORMATION	SECTION 2 CERTIFICATION EXAM

SECTION 1   CANDIDATE INFORMATION

Last Name: _____

First Name: _____

M.I: _____

Email: _____

Last 4 of SSN: _____

Date of Birth M/D/Y: _____/_____/_____

Address: _____

Apt: _____

City: _____

State: _____   Zipcode: _____

Phone: _____

Cell: _____

Any change in address & name should be notified via email at : info@aecacert.com

SECTION 2   CERTIFICATION EXAM

EXAM DATE

_____ ($135) Certified Clinical Medical Assistant / Specialist

_____ ($135) Certified Patient Care Technician /Assistant

_____ ($90)   Certified Phlebotomy Technician

_____ ($90)   Certified EKG Technician

_____ ($135) Certified Medical Billing & Coding Professional

_____ ($135) Medical Assistant Certification

_____ ($135) Certified Medical Administrative Assistant/Office Sp

_____ ($135) Certified Medical Software/Insurance/Preauthorization Sp

_____ ($135) Certified Electronic Health Records Professional

_____ ($135) Certified Personal Trainer Specialist

_____ ($135) Certified Sports/Fitness Nutrition Specialist

_____ ($135) Certified Physical Therapy Aide

_____ ($135) Certified Rehabilitation Therapy Technician

_____ ($135) Certified Restorative Care Assistant Specialist

_____ ($135) Certified Strength & Conditioning Rehabilitation Sp

_____ ($135) Certified Computer Skills Specialist

_____ ($135) Others_____

_____ ($135) Others_____

SECTION 3:   CANDIDATE EXAMINATION INFORMATION

Exam Format   Online: _____   Exam Site Code: _____

Exam Site Name : _____   State/City/Zip Code: _____

SECTION 4   PAYMENT INFORMATION

Payment Mode : _____School   _____Candidate   (if paid by school do not fill the payment information section below)

Card type: _____Debit _____Credit _____Others   Card number : _____

Card holders name : _____   Visa or master card : _____

Expiration date: _____/_____   3Digit on back:_____   Card Holders Signature:_____

Card holders address : _____   Card holders city/state/zip code:_____/_____/_____

SECTION 5   RESCHEDULING,RETAKE POLICY

- Applicant must pay all required fees before the attempting the certification exam.
- There is a $25 rescheduling fee for every attempt rescheduled.
- There is a $75 retake fee for attempting the exam after failing the first initial attempt. A maximum of 2 attempts in a year is allowed after the 1st initial attempt.

_____   _____   _____
CANDIDATE NAME   **CANDIDATE SIGNATURE**   **DATE**