



# Employment Verification Form (EVF)

For Candidates Eligibility to attempt

Certification Exam Administered by American Education Certification Association AECA

Name of facility filling the Employment Verification form: \_\_\_\_\_

Address & Phone Number of facility: \_\_\_\_\_

**CANDIDATE PRESENT EXPERIENCE: To be filled out by Facility Manager, Supervisor, RN, Doctor or equivalent.**

Candidate (Test Taker) Name: \_\_\_\_\_

Candidate Job Title: \_\_\_\_\_

Candidate Duties: enlist duties performed by the candidate

•	•
•	•
•	•
•	•
•	•

Length of Employment with your facility in month(s) or year(s): \_\_\_\_\_

Grade the Candidate on the scale of 1 to 5 based on the following: (Circle that applies)

1: Needs Improvement    2: Satisfactory    3: Fair    4: Good    5: Excellent

1. Punctual	1 2 3 4 5	5. Communication	1 2 3 4 5
2. Subject Matter Knowledge	1 2 3 4 5	6. Ethics & Morals	1 2 3 4 5
3. Hands on Clinical Skills	1 2 3 4 5	7. Professionalism	1 2 3 4 5
4. Team work	1 2 3 4 5		

**PAST EXPERIENCE 1: (OPTIONAL)**

Length of Employment: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

**PAST EXPERIENCE 2: (OPTIONAL)**

Length of Employment: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Based on the duties perform. I would recommend the candidate to take the following certification exam(s): (Check ✓ that apply)

___ Medical Assistant Certification	___ Certified Phlebotomy Technician
___ Certified Clinical Medical Assistant Specialist	___ Certified Patient Care Technician
___ Certified Administrative Medical Assistant/Office Specialist	___ Certified EKG Technician
___ Certified Medical Billing & Coding Professional	___ Certified Cardiac Monitor Telemetry Technician
___ Other (Type Name: _____)	

**Acknowledgment of understanding:** I have verified the information that I am providing on this form for the candidate attempting to take the Certification Exam. I understand that AECA relies on information provided by me, and AECA may allow the candidate to take the exam based on this verification form provided that the information provided fulfills the eligibility criteria set for certification exam(s).

Your Name: \_\_\_\_\_ Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

SECTION 1: CANDIDATE INFORMATION

SECTION 2: CANDIDATE ELIGIBILITY



## **STEPS TO FOLLOW**

**For**

***Candidates applying to register for certification exam based on their current or past experience.***

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*Step 1: Download this form (Employment Verification Form).*

*Step 2: Have the facility at which you work fill the Employment Verification Form (EVF).*

*Step 3: Have it emailed or faxed to us.*

*Step 4: We will email you regarding the status of your EVF application.*

*Step 5: If approved, your next step would be to register for the exam.*

### **For Candidate:**

***If your Employment Verification Form (EVF) is approved by AECA.***

***Your next step would be to register for the exam at the following link:***

***[http://www.aecacert.com/certification\\_exam\\_based\\_on\\_experience.html](http://www.aecacert.com/certification_exam_based_on_experience.html)***

***Should you have any questions, email us at [info@aecacert.com](mailto:info@aecacert.com)***