



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			
Last Name: _____	EXAM DATE	MP=MEMBER PRICE	NMP=NON MEMBER PRICE	MP NMP
First Name: _____	_____	Certified Clinical Medical Assistant / Specialist		\$75 \$135
M.I: _____	_____	Certified Patient Care Technician /Assistant		\$75 \$135
Email: _____	_____	Certified Phlebotomy Technician (Clinical)		\$75 \$90
Social Security: _____	_____	Certified EKG Technician (Clinical)		\$75 \$90
Date of Birth M/D/Y: ____/____/____	_____	Certified Medical Billing & Coding		\$75 \$135
Address: _____	_____	Certified Coding Professional (Physician & Hospital)		\$75 \$90
Apt: _____	_____	Certified Medical Administrative Assistant/Office Sp		\$75 \$135
City: _____	_____	Certified Medical Software/Insurance/Preauthorization Sp		\$75 \$135
State: _____ Zipcode: _____	_____	Certified Electronic Health Records Professional		\$75 \$135
Phone: _____	_____	Certified Personal Trainer Specialist		\$75 \$135
Cell: _____	_____	Certified Sports/Fitness Nutrition Specialist		\$75 \$135
Any change in address & name should be notified via email at : info@aecacert.com	_____	Certified Rehabilitation Therapy Assistant		\$75 \$135
	_____	Certified Rehabilitation Exercise Specialist		\$75 \$135
	_____	Certified Rehabilitation Therapy Technician		\$75 \$135
	_____	Certified Restorative Aide		\$75 \$135
	_____	Certified Clinical Massage Therapy		\$75 \$135
	_____	Certified Strength & Conditioning Rehabilitation Sp		\$75 \$135
	_____	Certified Computer Skills Specialist		\$75 \$135

SECTION 3: CANDIDATE EXAMINATION INFORMATION

Exam Format Online: _____ Paper: _____ 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 REFUND,RETAKE & EXAM FEE POLICY

- Applicant must pay all required fees before the examination is taken
- Applicants who withdraw applications must do so before 2 weeks of the certification examination scheduled.
- A \$35 fee will be charged for a returned check
- There is a \$25 rescheduling fee for every attempt rescheduled.

_____ CANDIDATE NAME _____ CANDIDATE SIGNATURE _____ DATE