AMT
American Medical Technologists
Certifying Excellence in Allied Health

CERTIFICATION VERIFICATION SERVICES REQUEST FORM

1. To request a state verification or visa screening, complete and return this form with your payment.
2. The service fees below are non-refundable.
3. Forms submitted with a credit card payment can be emailed to documents@americanmedtech.org

Full Name: _____ AMT ID#:_____

Address:_____

City:_____ State:_____ Zip/Postal Code: _____ SSN#_____

Phone Number: _____ Email:_____

**Must be a currently active member of AMT to take advantage of discounted member fees.*

Verification of Certification Letter to State

Do NOT submit this form until you have submitted your application for state licensure to the state in which you are applying.

Fee Per Letter: ❑ $45.00 / $65.00 *(Member/Non-Member *)*

State(s) for which certification is requested: _____

Number of Letters: _____ _____

Validation of Registration/License for VisaScreen

Must be submitted along with a completed visa screening form, which can be obtained by emailing support@CGFNS.org.

Fee Per Letter: ❑ $80.00 *(Member *)* *CGFNS will deny applications for inactive members*

Priority Mailing *(Optional Additional Fee)* : ❑ $15.00 *(2-3 Days)* ❑ $30.00 *(1-2 Days)*

Enclosed is my payment: Total Fees Enclosed _____

❑ Visa ❑ MasterCard ❑ Discover ❑ AMEX ❑ Check/Money Order (Payable to AMT)

Credit Card Number: _____ CVV #_____ Expiration Date: _____

Name on Card:_____

Billing address: _____ Zip Code:_____

Signature:_____ Date:_____

By sending your completed, signed check to AMT, you authorize AMT to use the account information from your check to make a one-time electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.