

## UPGRADE APPLICATION FROM CANDIDATE STATUS TO FULL CERTIFICATION

### INSTRUCTIONS

- This application should be submitted only upon meeting one of the minimum eligibility requirements for Full Certification.
- Work experience requirements for Full Certification must be completed within five years of the date you passed the exam.
- Type, or print clearly, all information requested.
- Include payment of \$25 for the Upgrade Fee.
- Copy and add as many sheets as necessary to list your employment history.
- Be sure to read and sign the last page of the application.
- Direct all correspondences and inquiries to the below contact information.  
*(See last page for list of requirements)*

Last Name..... First Name.....  
 Middle Name.....

Home Address 1..... Home Address 2.....  
 City..... State.....  
 Zip Code..... Country.....  
 Phone Number..... E-mail Address:.....

Name of Current Employer.....  
 Work Address 1..... Work Address 2.....  
 Zip Code..... Country.....  
 Name of Last Supervisor.....  
 Phone Number..... E-mail Address:.....

Certification(s) Type: CBET    CRES    CLES

### EDUCATION

If you have *less* than four years full-time work experience as a biomedical technician, indicate your degree below (*See last page for list of requirements, options 1, 2 and 3*). An official transcript must accompany the application if using education as part of the eligibility

Name of School.....  
 Field of Study.....  
 Highest Degree Attained (AS, BS, etc.)..... Year Degree Earned.....

EMPLOYMENT HISTORY

Begin with your most recent work experience and account for **all** employment required for Full Certification (See last page for list of requirements)

Employee ID#..... Position/Job.....  
Employer Name.....  
Employer Address 1..... Employer Address 2.....  
City..... State.....  
Zip Code..... Country.....  
HR Phone..... HR Fax.....  
Dates of Employment (month/year – month/year).....  
 Full Time (F/T)  Part Time (P/T)  
Percent of Time Spent in: Biomed..... Rad..... Lab.....

Employee ID#..... Position/Job.....  
Employer Name.....  
Employer Address 1..... Employer Address 2.....  
City..... State.....  
Zip Code..... Country.....  
HR Phone..... HR Fax.....  
Dates of Employment (month/year – month/year).....  
 Full Time (F/T)  Part Time (P/T)  
Percent of Time Spent in: Biomed..... Rad..... Lab.....

Employee ID#..... Position/Job.....  
Employer Name.....  
Employer Address 1..... Employer Address 2.....  
City..... State.....  
Zip Code..... Country.....  
HR Phone..... HR Fax.....  
Dates of Employment (month/year – month/year).....  
 Full Time (F/T)  Part Time (P/T)  
Percent of Time Spent in: Biomed..... Rad..... Lab.....

CURRENT SUPERVISOR ACKNOWLEDGEMENT

I certify that all statements given on this Application regarding Applicant's current employment are true and correct to the best of my knowledge.

Printed Name of Current Supervisor.....

Phone Number..... E-mail Address.....

Signature Supervisor..... Date.....

APPLICANT ACKNOWLEDGEMENT

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 full certification. I also authorize any organization and individuals 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.

I also certify that I understand and agree to the policies and procedures of the ACI certification program and that I must comply with the code of conduct and the recertification policy to maintain my certification. I release from all liabilities the ACI, its boards, and its agents, and I am aware that any certification I may receive from the AAMI Credentials Institute will not constitute and shall not be construed as a license. I also understand that it is my responsibility to keep ACI updated with my personal contact information (mailing address, phone number, etc.), and that failure to do so could jeopardize the status of my certification(s).

Signature of Applicant..... Date.....

ELIGIBILITY REQUIREMENTS/IMPORTANT INFORMATION

Requirements For Upgrading To Full Certification: All individuals applying to upgrade from candidacy status to Full Certification must meet one of the following three requirements: (1) A minimum of an associate's degree in biomedical academic program plus two years of full-time BMET work experience, or (2) a minimum of completion of a U.S. military biomedical equipment technology program and two years full-time BMET work experience or (3) a minimum of an associate's degree in electronics technology plus three years of full-time BMET work experience, or (4) four years of full-time BMET work experience. For CRES or CLES Full Certification, the candidate must also have fulfilled one of the following two requirements: (1) 40% of work experience over the prior two years, or (2) 25% of work experience over the prior five years, must be in the designated specialty area.

Requirements For Recertification: visit www.aami.org/aci to learn more about the recertification program.

Payment Method

\_\_\_ Check enclosed. All payments must be made in US dollars. Make checks payable to AAMI.

Charge my: \_\_\_ VISA \_\_\_ MC \_\_\_ AMEX

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

FOR ACI OFFICE USE ONLY

ID NUMBER ASSIGNED..... DATE CERTIFIED.....

PROCESSORS INITIALS..... NOTES.....

.....