



Hematopoietic Transplant Coordinator Certification Examination Application

Computer Based Examination

Please complete and submit this application, with the examination fee payable to AMP, to:

AMP, Hematopoietic Transplant Coordinator Certification Examination, 18000 W. 105th Street, Olathe, KS 66061-7543.
For further information, you may call the AMP Examination Services Department at 913/895-4600.

Select the type of exam administration you are applying for:

- I am applying to take the exam in **computer based test** format at a local testing center. I understand I will schedule the date for my exam after receiving confirmation of my eligibility from AMP.
- I am applying to take the exam in **paper/pencil test** format at the annual Council Meeting on Thursday, November 5, 2009 from 2:30 - 5:00 p.m. I understand this application must be received at AMP offices no later than **Thursday, September 24, 2009** to be eligible to sit for this exam.

PERSONAL INFORMATION *(please print using black or blue ink)*

Mr. Ms. Name: _____
(Last, First, Middle)

Social Security Number: _____ Date of Birth: _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

E-mail Address: _____

Street Address: _____

City: _____ State or Province: _____

Zip Code/Postal Code: _____ Country: _____

NMDP Center ID # (if applicable): _____

ELIGIBILITY REQUIREMENTS

- I have the equivalent of two years full-time experience with the allogeneic transplant process.
- I have _____ years of experience.
- AND-
- I am submitting a letter from a director or manager verifying that I meet the eligibility requirements outlined above.

EXAMINATION FEE (Effective April 1, 2009)

Payment of \$295 may be made by credit card, cashier's check or money order made payable to AMP. (Cash and personal checks are not accepted.)

If payment is made by credit card, complete the following:

- VISA
- MasterCard
- American Express
- Discover

EXAMINATION INFORMATION

- I am a: New Applicant
 Reapplicant
 Recertifier
- I am requesting Special Examination Accommodations.
 (Complete the form included in this handbook.)

_____ Credit Card Number

_____ Expiration Date

_____ Name on Card

_____ Signature

SIGNATURE *(Sign and date in ink the statement below.)*

I certify that I agree to abide by regulations outlined within this Handbook. I believe that I comply with all admission policies for the Hematopoietic Transplant Coordinator Certification Examination. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided.

Name *(Please Print)*: _____

Signature: _____ Date: _____