



# National Center for Competency Testing

7007 College Boulevard, Suite 705  
Overland Park, KS 66211  
Phone 800.875.4404; Fax 913.498.1243  
Office Hours M-F 8:30am - 5:00pm CST  
www.ncctinc.com

TE-0011

## DUE DATE

Your application to test or retest **MUST BE RECEIVED** in our offices at least 2 weeks prior to the requested test date. If not, we will contact you to schedule a different test date.

Your application **MUST BE COMPLETED** in full (all sections, documents, signature, and payment.) If not, the scheduling of your exam will be delayed.

## CANDIDATE APPLICATION / 2010 CERTIFICATION...STEP BY STEP

### 1 Tell us who you are. (Please print in ink)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth (mo/day/yr) \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Home Phone \_\_\_\_\_  Work /  Cell \_\_\_\_\_

### 2 a. Which exam do you want to take?

CERTIFICATION EXAM	CERTIFICATION EXAM	SPECIAL NOTES
<input type="checkbox"/> Medical Assistant (MA)	<input type="checkbox"/> Insurance & Coding Specialist (ICS) →	ICS: Bring own coding books to the test
<input type="checkbox"/> Phlebotomy Technician (PT)	<input type="checkbox"/> Bookkeeper (BK) →	BK: Bring non-programmable calculator
<input type="checkbox"/> Patient Care Technician (PCT)	<input type="checkbox"/> Pharmacy Technician (PhT) →	PhT: Not available in FL, ID, LA, TX, UT or VA
<input type="checkbox"/> ECG Technician (ECG)	<input type="checkbox"/> Tech in Surgery (TIS) →	TIS: Not available in TN or SC
<input type="checkbox"/> Medical Office Assistant (MOA)	<input type="checkbox"/> Note: There are separate application forms for the CPI and DP exams.	

b. Which exam format do you prefer? (Note: Availability is dependent upon test site.)  Online Exam  Paper Exam

c. Are you *currently* a student in a school/facility that serves as an NCCT test site?

- Yes: Ask your school for its test site code. Enter it here \_\_\_\_\_ and complete (d) below.  
 No: Call us at 800.875.4404 to get your test site information and complete (d) below.

d. Name of Test Site \_\_\_\_\_ Location (city, state) \_\_\_\_\_ Test Date \_\_\_\_\_

e. Are you an instructor?  Yes  No If yes, where? \_\_\_\_\_ Courses \_\_\_\_\_

### 3 Cost? Are you a current student or a *recent*\* graduate of...

- Any program except surgical technology? (\*recent = within 6 months of test date)  If yes: \$90  If no: \$135  
 A surgical technology program? (\*recent = within 9 months of test date)  If yes: \$155  If no: \$195

How do you want to pay?  Check  Money Order  MasterCard  Visa  Bill to School (Billing Code \_\_\_\_\_)

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_/\_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Cardholder Name \_\_\_\_\_ (only if different from applicant)

Cardholder Address \_\_\_\_\_ (only if different from applicant)

Cardholder City, State, Zip \_\_\_\_\_ (only if different from applicant)

NCCT USE ONLY
AMT _____
DATE _____
CK/MO# _____

## 4 What documents do I need to send for approval to take your certification exam? Answer these questions.

a. Are you a *current student in an approved program*\* in the discipline in which you are seeking certification?

\_\_\_\_\_ Yes If you are currently attending an approved program in a school/facility that is one of our test sites, we will permit you to test without sending your documentation with your application, but you must send it to use **as soon as you graduate** along with a copy of your diploma. In addition, Phlebotomy and Tech in Surgery candidates must also send us completed/signed copies of their Documentation Forms which can be found on [www.ncctinc.com](http://www.ncctinc.com) under the Forms/Documents tab.

b. Are you a *graduate of an approved program*\* in the discipline in which you are seeking certification?

\_\_\_\_\_ Yes If you have graduated from an approved program within the past 10 years, send in a copy of your diploma and any other required documentation (Phlebotomy and Tech in Surgery) with this application. You can find all documentation forms on [www.ncctinc.com](http://www.ncctinc.com) under the Forms/Documents tab. Our Testing Department will contact you by email or mail as soon as we approve you to test.

\* NCCT approved program (Route 1 applicants only). Program/School must be approved by NCCT prior to testing. Schools/programs that are approved will have submitted copies of your program/school accreditation, curriculum, syllabus, and supporting documentation in advance. Candidates should ask their schools if they are NCCT approved, or they may call NCCT offices if they cannot find out.

c. Do you want to take our certification exam *based upon your experience in the field*?

**If Yes:** If yes, check the charts below (as a guide) and download the *Qualifying by Experience* form available online at [www.ncctinc.com](http://www.ncctinc.com) under the Forms/Documents tab. This form will give you all the specifics about documenting your experience, and can help you to avoid unnecessary delays in your testing. We count only “qualifying” job experience that is less than 10 years old, as assessed by our Board of Testing, whose decision is final. Working as an instructor in the field is not equivalent to working as a practitioner. We will contact your references for verification as needed. Our Testing Department will contact you when your experience has been verified and approved.

TESTING VIA ROUTE 2 (EXPERIENCE) AS A PRACTITIONER	DISCIPLINES	ADDITIONAL DOCUMENTS/REQUIREMENTS
1 year full time employment (2080 hrs) or equivalent	PT, MOA, PCT, ICS, PhT, BK	Phlebotomy Technician applicants must send <b>Documentation form: Phlebotomy Draws.</b>
2 years full time employment (4160 hrs) or equivalent under the direct supervision of a physician.	Medical Assistant (MA)	
For Tech in Surgery: Completion of formal ORT/ST training plus 1 year of FT experience within the past 2 years (or equivalent PT in the last 4 years); or	Technician in Surgery, Route 2a	Pharmacy Technician (PhT) candidates cannot have felony records.
7 years of full time qualifying ORT or ST experience within the past 10 years; or	Technician in Surgery, Route 2b	All Tech-in-Surgery Candidates must send <b>Documentation Form: Tech-in-Surgery.</b>
Licensure as an MD, RN, LPN, or LVN with extensive scrub experience.	Technician in Surgery, Route 2c	All forms can be found & downloaded from <a href="http://www.ncctinc.com">www.ncctinc.com</a> under <b>Forms/Documents tab.</b>

## 5 Demographic Data (Voluntary, for use by statisticians who evaluate exams to prevent bias)

### GENDER

- Male (M)  
 Female (F)

### RACE

- African American (AA)  
 American Indian (AI)  
 Asian (AN)

- Caucasian (CA)

- Hispanic/Latino (HL)  
 Other (OT)

### MARITAL STATUS

- Single (S)  
 Married (M)  
 Divorced (D)

**Notice of Non-Discrimination and ADA Accommodation:** NCCT does not discriminate against any candidate based on race, creed, color, national origin, sex, religion, handicap, marital status, or age. NCCT will provide reasonable and appropriate test accommodations in accordance with the Americans with Disabilities Act (1990) for individuals with documented disabilities who request and demonstrate the need for accommodation. This request for accommodation must be made in writing at least 4 weeks prior to testing. Candidates may request a copy of the full policy by contacting NCCT directly or by downloading the form from the Forms/Documents tab of the NCCT website at [www.ncctinc.com](http://www.ncctinc.com).

## 6 Fees and Refund Policies

- Applicants must pay all required fees before testing. Scores and certifications will not be released until fees are paid.
- Applicants who withdraw applications must do so within 7 days after receipt in our offices to receive a full refund.
- Applicants determined to be ineligible to test will be sent a refund of the exam fee, **minus a \$25 handling charge.**
- There is a **\$25 fee for any returned checks.**
- There is a **\$10 fee** for rescheduling an examination more than one time. It is charged for **each subsequent** reschedule.
- NCCT is not responsible for expenses incurred by the applicant due to cancellation of a test session, location changes, time changes, testing site equipment malfunctions, or other such events/incidents.

## 7 STATEMENT OF UNDERSTANDING, CONSENT, AND VERIFICATION

### Agreement and signature are required to test with NCCT.

I understand and agree to all of the following as a condition of testing:

- That NCCT retains the **sole authority to make all final decisions** regarding eligibility and certification.
- All published NCCT candidate policies, including the NCCT fee and refund policies.
- That the liability of NCCT and its agents is limited to examination fees only.
- That a minimum of 14 clock hours of NCCT approved Continuing Education will be required each year in order to maintain my national NCCT certification in an active status.
- That the practice of some professions may be regulated in certain states and it is my responsibility to determine whether this certification meets my state requirements for practice before taking it.
- That it is my responsibility to send NCCT all required documentation, that all documentation must be in English, and that no certification will be released unless all requirements have been met and all documentation is on file at NCCT.
- That I must submit my application, documentation and fees at least 2 weeks prior to the test date or there may be a delay in test site approval and assignment. I also understand that I should allow 2-4 weeks for processing exam results after testing.
- That only 3 lifetime attempts are allowed for testing in any single discipline. If I fail an exam, I must wait a minimum of 30 days before applying to retake it. Each retest requires a new application and payment of the full fee.
- That NCCT grounds for invalidation or recall of any NCCT certification may include, but are not limited to, the following:
  - Violation of any policies or procedures of NCCT, including its code of ethics.
  - Failure to cooperate and/or reasonably assist with the investigation of any testing irregularity.
  - Giving or receiving unauthorized assistance when taking an examination (e.g. cheating).
  - Permitting anyone other than yourself to take an examination with your identity.
  - Violation of any laws relating to practice of the profession for which you are being tested.
  - Falsifying anything related to test application or test admission processes, or falsifying documentation.
  - Using fraud or deception to obtain certification or recertification of oneself or another by assistance.
  - Unauthorized possession, distribution, or use of NCCT exams or test questions in any form.
  - Any test irregularities that, in the professional judgment of NCCT, fall outside acceptable psychometric limits.

I give NCCT the authority to do all of the following:

- To request necessary information from individuals, institutions, or organizations in order to validate my identity, documentation, education, background and/or other credentials.
- To release my NCCT certification status (i.e. whether you hold certification) to any member of the public that requests it.
- To release my certification exam score to my college, school or program (for Route 1 applicants).
- To release my photo for identification confirmation purposes.
- To allow the use of my name for certification recognition purposes on the NCCT website(s).

I verify all of the following:

- That I am a U.S. High School graduate, or possess equivalent credentials (e.g. GED or Ability to Benefit).
- That I have never been convicted of, or plead guilty/no contest to, any felony offense. (Note: If you have, place an X over this bulleted statement and attach official court documentation that all the requirements, restrictions, and obligations set forth by the court have been satisfied completely. Your application cannot be considered without this court documentation. Eligibility is determined on a case-by-case basis. ***Failure to disclose felony status*** will result in permanent disqualification and/or revocation of any certification granted. NCCT reserves the right to do background checks at any time.)
- That I have personally completed my own application form and fully understand the contents. I declare, under penalty of perjury, that all the information I have provided in this application is true and that the signature below is my own.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## 8 You are almost finished!

Use this checklist to make sure you are ready to mail this application.

**Photo attached?**

We need this for confirmation of your identity.

Attach  
Photo  
Here

Used for  
ID purposes

**Did you include payment?**

If not, go back to Section 3. Any checks should be made payable to NCCT.

**Did you attach your diploma and/or other required forms?**

If not, or if you have forgotten what is required, go back to Section 4.

**Did you read and sign the Statement of Understanding, Consent, and Verification?**

If not, go back to Section 7. Without a fully **completed** application and signature, you CANNOT be approved to test.

**Ready to mail? Mail everything to NCCT at the address below. We cannot accept faxed applications.**

NCCT  
7007 College Boulevard, Suite 705  
Overland Park, KS 66211

**How will you know when you are approved to test? How will you know where to go?**

**Applicants who are students at schools/programs that serve as test sites** for us should contact their Exam Coordinators onsite. They will give you the test site, date, and time information you need. You will be pre-qualified by your Exam Coordinator and your name will be added to the test roster. Then just wait for notification of approval by NCCT (as below).

**All other applicants should call 800.875.4404** to get test location(s) and date(s). When you know where you will be testing, put this information on the lines in Part 2D of the application. To qualify to take this exam, we must have your completed application, all required documentation, and your payment in our offices. When we have everything we need, we can approve you to take the test. Make sure you send everything to us **at least 2 weeks before you want to test**, so that we have enough time to approve you for the date you choose. If not approved, the proctor will not allow you to test.

We will let you (**ALL APPLICANTS**) know when you are approved by:

- **Email** if you have a valid, confirmed email address.
- **Regular mail** (U.S. Postal Service) if we do not have a valid email.
- Please **DO NOT** call unless we have had your application for 2 weeks and you have not heard from us. If you call before that time, we will only be able to tell you that we are still processing it. The moment you are approved, we push a button - and the email or letter is sent instantaneously! We promise.
- **DO** call us if you are getting very close to your assigned test date and have not yet been approved.
- **DO** check your approval letter to see if your format preference (online or paper) has been confirmed at the test site you chose. If not, call us to reschedule elsewhere. (*Rescheduling* does not apply to candidates testing before graduation at approved schools.)

**If you have any other questions, please check our website at [www.ncctinc.com](http://www.ncctinc.com).**

Our **Candidate Handbook** can be found in its entirety under the **Forms/Documents** tab of the homepage!