



Application

11020 King Street, Suite 400 | Overland Park, KS 66210
Phone 800.875.4404; Fax 913.498.1243
Office Hours: M-F 7:30am - 5:00pm CST
Saturday 9:00am - 3:00pm CST

Date App. Received _____ *Date Accepted* _____

Directions: This form should be completed by organizations/programs seeking eligibility for their students and graduates to qualify for NCCT certification testing. Organizations with multiple campuses may complete one form and attach a list of campuses including addresses and contact information.

Are you applying for:

- Test site eligibility
- Program eligibility
- Both

Does your school have: State DOE Approval, Programmatic Accreditation, or Institutional Accreditation:

Yes No

If yes continue, if no, you will need a state approval, programmatic accreditation or Institutional accreditation to qualify.

Organization/Institution Information

Name of Organization/Institution _____

CEO or Highest Ranking Officer or Principal _____

Street Address _____

City _____ State _____ Zip _____

Official Contact _____ Title _____

Telephone _____ Fax _____

Email _____ Web address _____

Accounting Contact Name _____

Email _____ Phone _____

Exam Coordinator Information

An Exam Coordinator is the person responsible for scheduling exams and will be the main point of contact for NCCT.

Last Name _____ First Name _____

Title _____ Date of Birth _____

Business Address _____ Apt # _____

City _____ State _____ Zip _____

Personal Email _____ Phone _____

Test Site _____ City _____

Facility Description

- School, College, or other educational Program Sponsor
- Healthcare Employer
- Dedicated Testing Center at a Comm College or University
- Other:

Test Site Requirements

The following requirements have been established for facilities that wish to administer NCCT examinations. This ensures a safe and reasonably equivalent test experience for all examinees.

For all computer-based testing, the facility must:

- Meet ADA accessibility guidelines.
- Provide comfortable seating.
- Ensure access to water and restroom facilities.
- Ensure examinees can easily see the time.
- Ensure all entrances and exits are monitored and controlled.
- Have working smoke detectors and accessible fire exits.
- Have adequate and comfortable ventilation, lighting, and temperature.
- Be kept quiet and free from disruptions and distractions.
- Ensure examinees are unable to easily see the responses of others.

For computer based testing the facility must:

- Have reliable Internet access.
- Have access to a designated computer support professional.
- Ensure computer operating systems are the most up-to-date version of Google Chrome.
- Use only school-owned PCs for NCCT certification testing.

In addition, your institution agrees to allow students to download and install NEST, NCCT’s Extension for Secure Testing, on all computers used to administer NCCT examinations. The secure browser runs in an online-only mode, however, NEST will remain on the user’s computer until they decide to uninstall after the exam. If a user runs into any issues with installing the extension, the administrator must contact their testing representative at NCCT for assistance.

Test Site Services

- Only own Students/Grads/Employees
- Other NCCT test candidates

Type of Proctor

- Employee
- Non-Employee

Computer/Facilities

Test Capacity Per Session _____

Sitting fee	
<input type="checkbox"/>	Our test site will not charge a sitting fee. Fee: _____ per hour/session
<input type="checkbox"/>	Our test site will charge a sitting fee.
<input type="checkbox"/>	For all examinees
<input type="checkbox"/>	For public (outside) examinees only

Payment Options	
Do you require P.O. for payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Direct organization billing
<input type="checkbox"/>	Candidates pay NCCT directly

Statement of Understanding

Please read carefully, check boxes, sign and complete requested identification information.	
<input type="checkbox"/>	I attest that our facility and test site meet the requirements listed on page 2.
<input type="checkbox"/>	I understand that NCCT has the right to determine eligibility of testing sites and may suspend or revoke eligibility at its discretion including, but not limited to, issues of exam security or policy adherence.
<input type="checkbox"/>	I understand that NCCT reserves the right to visit examination sites at any time, announced or unannounced, to monitor compliance with security policies and procedures
<input type="checkbox"/>	I understand that NCCT may report false, misleading, or fraudulent test site eligibility information to relevant government authorities.
Signature of Authorized Test Site Official _____ (e.g., Dean, Director of Education, HR Director, Principal)	
Printed Name _____	
Title _____	Date _____

Program Eligibility Application

Educational Programs Please select and complete

Healthcare Discipline	Official Program Name	Program Type
<input type="checkbox"/> Medical Assisting		<input type="checkbox"/> Certificate <input type="checkbox"/> Degree
<input type="checkbox"/> Seeking additional MA eligibility for:	<input type="checkbox"/> PT <input type="checkbox"/> ECG <input type="checkbox"/> MOA	
<input type="checkbox"/> Phlebotomist (PT)		<input type="checkbox"/> Certificate <input type="checkbox"/> Degree
<input type="checkbox"/> Insurance and Coding		<input type="checkbox"/> Certificate <input type="checkbox"/> Degree
<input type="checkbox"/> Patient Care Technician		<input type="checkbox"/> Certificate <input type="checkbox"/> Degree
<input type="checkbox"/> Seeking additional PCT eligibility for:	<input type="checkbox"/> PT <input type="checkbox"/> ECG	
<input type="checkbox"/> ECG Technician (ECG)		<input type="checkbox"/> Certificate <input type="checkbox"/> Degree
<input type="checkbox"/> Medical Office Assistant		<input type="checkbox"/> Certificate <input type="checkbox"/> Degree
<input type="checkbox"/> Seeking additional MOA eligibility for:	<input type="checkbox"/> Insurance and Coding	
<input type="checkbox"/> Surgical Technologist		<input type="checkbox"/> Certificate <input type="checkbox"/> Degree

Highschool note: You may not have an official program name, simply list the classes or clusters of classes here. You can attach a list if needed.

Accreditation

Please list any **institutional or programmatic** accreditation.

State Approval

Please select any state education or training approval(s) currently held.

<input type="checkbox"/>	State Department of Education (specify):
<input type="checkbox"/>	State Workforce Development (specify):
<input type="checkbox"/>	Other:

Critical Skill Attestation (n/a for Medical Office or Insurance/Coding)

For each program checked please review the related critical skill list and answer YES or NO.

Medical Assistant

In your Medical Assistant program, are the students required to complete the following skills with live patient experience in all of the areas below?

- Venipuncture
- Capillary Puncture
- Medication Administration (to include injection, SQ, ID, IM)
- ECG Performance
- Sterile Technique (to include all aspects of sterile technique such as hand hygiene, gloving, asepsis, sterile procedure set up and assist)
- Vital Signs/Measurements (to include daily accurate performance of critical health measurements B/P, R, P, T, Ht, Wt, BMI, Pulse Ox)

Yes No

Important: This certification exam includes general medical office component. Program sponsors of "clinical" medical assistant programs are responsible for reviewing the full job task list on the NCMA Detailed Test Plan to ensure their educational programs will adequately prepare students for this certification examination.

Phlebotomy Technician

Are your Phlebotomy, Patient Care Technician, or Medical Assistant program students required to perform the following skills?

- Venipuncture (minimum of 50 venipuncture procedures)
- Capillary Puncture (minimum of 10 capillary puncture procedures)

Yes No

CA or LA programs: Please provide exact # ___ Venipunctures ___ Capillary

Surgical Technologist

Are students in your ST program required to complete the following skills with live patient experiences?

Note: Eligible students/ graduates may test before completion of practical skills, but must complete a minimum of 125 scrubs as distributed below for certification.

Minimum of 30 and a maximum of 50 scrubs in general surgeries; and a
Minimum of 75 scrubs in at least three (3) of the following areas: (you are allowed to select the three (3) areas)

- Gynecology
- Genitourinary
- Cardiovascular
- Neurosurgery
- Obstetrics
- Thoracic
- Peripheral Vascular
- Ophthalmology
- Otorhinolaryngology
- Orthopedic
- Plastic/Reconstructive
- Diagnostic Scopes (Maximum of 15)
- Other (please specify) _____

Yes No

Patient Care Technician

Are students in your Patient Care Technician program required to complete live patient experiences in all the skills listed below?

- Venipuncture
- Capillary Puncture
- Nursing Assistant Skills
- ECG Performance
- Sterile Technique (to include all aspects of sterile technique such as hand hygiene, gloving, asepsis, sterile procedure set up and assist)
- Vital Signs/Measurements (to include daily accurate performance of critical health measurements B/P, R, P, T, Ht, Wt, BMI, Pulse Ox)

Yes No

ECG Technician

Are your ECG, Patient Care Technician, or Medical Assistant students required to perform the following skills with live patient experiences?

- ECG Placement Techniques (to include stress, Holter, telemetry)
- ECG Recording and Interpretation
- ECG Troubleshooting and Maintenance

Yes No

Billing options for Study Material

All study material is available for one year from the date of purchase.

Yes No

___ IRS ___ Self Assessment ___ Practice Exams

Remote Testing approval:

- Yes, we will allow remote testing for students from our organization.
**If your organization has multiple campuses, please specify which campuses are allowable in a submitted list or simply check "All" below:
- Specific campuses only, as follows in submitted document.
 - All campuses in our organization.
- No, we will not allow remote testing for students from our organization, but will continue to offer on-site/alternative testing options.

Billing options

Yes No Bill for in-person exams for only these attempts: ___ Attempt 1 ___ Attempt 2 ___ Attempt 3

Yes No Bill for remote exams plus additional remote testing fee (\$44) for only these attempts:
___ Attempt 1 ___ Attempt 2 ___ Attempt 3

Yes No Bill for remote exam only, student is responsible for the additional remote testing fee (\$44)

If yes, your organization will be billed for the certification exam(s) for each student using your organization's billing code - whether they test at a physical site or remotely at the time of application submission.

Billing options for Rescheduling a Remote Test

Rescheduling an online exam at least 5 days BEFORE the scheduled exam will incur the \$25 reschedule fee, but will not incur the \$44 remote testing fee.

If the exam is re-scheduled LESS than 5 days before the scheduled exam, a \$25 reschedule fee and a \$44 remote testing fee will be charged.

Yes No Allow billing for rescheduling a remote exam (\$44 per reschedule)
___ Attempt 1 ___ Attempt 2 ___ Attempt 3

Yes No Bill for \$25 reschedule fee ___ Attempt 1 ___ Attempt 2 ___ Attempt 3

If "YES", your organization will be billed an additional non-refundable \$44 remote testing for each attempt that is at least 5 days before the scheduled exam.

This includes reschedules which occur for any of the following conditions:

- The student does not sit for the exam on the scheduled date and/or computer issues and is not able to take the exam.
- The candidate had network connection and/or computer issues and is not able to take the exam.
- The candidate reschedules the exam less than 5 days prior to the exam date.
- The candidate misses the exam because they did not set the exam start time at ExamRoom.ai

Statement of Understanding Please read and check **EACH BOX** before signing.

Attestation	
<input type="checkbox"/>	I attest that all information I have provided on this Application is accurate and true. I understand that fraudulent representation of Program Eligibility information may result in denial or withdrawal of NCCT approval and revocation of any certifications earned by students, graduates, or employees.
<input type="checkbox"/>	I attest that all educational programs I have submitted for NCCT eligibility meet all applicable state regulations as of the date of this application.
<input type="checkbox"/>	I understand that NCCT has the right to determine eligibility of programs and may suspend or revoke such eligibility at its discretion for issues including, but not limited to, exam security or policy adherence.
<input type="checkbox"/>	I understand that NCCT may report false, misleading, or fraudulent representations of Program Eligibility information or any negligence, malpractice, or misconduct to relevant institutional accreditation organizations and state education agencies.
<input type="checkbox"/>	I understand that NCCT will cooperate with law enforcement and regulatory agencies in the event of any improper conduct by the applicant organization.
Signature of Director of Education or Dean _____	
Printed Name _____	
Title _____ Date _____	

Required Documentation

Please return the following items with this application to NCCT by regular mail, fax, or email.	
<input type="checkbox"/>	Completed application form
<input type="checkbox"/>	Copy of accreditation(s) and/or state approval documentation.
<input type="checkbox"/>	Copy of official diploma, certificate of completion, or transcript for each program submitted.
	<p>Mail to: NCCT Testing Department 11020 King Street, Suite 400 Overland Park KS 66210</p> <p>Fax to: 913.498.1243</p> <p>Email to: program.eligibility@ncctinc.com</p>