

No

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

Medical Assistant (NCMA) Washington State Required Retest Applicants ONLY

Rev: March 2025

- Your application to retest <u>MUST BE RECEIVED</u> by NCCT at least 14 days prior to the requested test date. If not, we will contact you to reschedule a different test date.
- Your application <u>MUST BE COMPLETED</u> in full (all sections, documents, signature, and payment). If not, the scheduling of your examination will be delayed.
- Applications and payments are valid for one year from the date of receipt by NCCT.
- The practice of some professions may be regulated in certain states and it is your responsibility to determine whether this certification meets your state requirements for practice before taking it.

<u>PERSONAL INFORMATION</u> Please print clearly in <u>INK</u> . All information entered below must match your driver's license, passport or state/military-issued ID card. Identification will be verified at the Test Site.			
	•		
		Last Name Email	
		State, Zip	
Mobile Phone		Additional Phone	
PAYMENT -			
Exam Fee: \$119.00 (You may call 800	875 4404 to make p	ayment).	
NCCT does not discriminate against any constatus, or age.		ATION e, creed, color, national origin, sex, religion, disability, marital	
for individuals with documented disabilities	es who request and der person with a disability	ons in accordance with the Americans with Disabilities Act (1990) monstrate the need for accommodation on a case by case basis as y as someone with a physical or mental impairment that	
accommodations to be specifically matched	ed with the identified for mpetencies may be co	overed under the ADA as a disabled individual and to allow unctional limitation, in order to provide equal access to test nsidered so essential to the professional practice in the field that ble, as determined by NCCT.	
Will you require special accommodations	for the examination?		
☐ Yes			

www.ncctinc.com TE-0208WA Page 2

DOCUMENTATION TO COMPLETE AND SUBMIT:

By initialing here _____ I agree to the above statements.

Documentation of Disability-Related Needs (Can be located at https://www.ncctinc.com/Documents/Disability Related Needs.pdf)
Requirements for the Documentation of Disability-Related Needs form:

- Documentation must be typed or printed in English, legible, and current (less than three (3) years old).
- It must include names, credentials, signature and contact information of evaluators.
- A specific, professionally recognized diagnosis for the particular category of the disability.
- The documentation must detail diagnostic criteria and specific tests used, with test dates and detailed interpretations of results.
- It must include details about the candidate's limitations due to the disability.
- Evidence of the candidate's functional impairment in other areas of his/her life (outside of test taking).
- If requesting accommodations for learning disabilities (LD), ADHD, or dyslexia, additional documentation from childhood is
- reauired.
- Requests and documentation must be submitted at least fourteen (14) days before the anticipated test date.

Requests and documentation must be submitted at least fourteen (14) days before the anticipated test date.
Candidate Special Accommodations Request:
Please Specify the type of accommodation requested
Extended Testing time Distraction reduced exam space Audible Reader Other special accommodations covered by the Americans with Disabilities Act (ADA) Note: English as a second language does not qualify under ADA.
Provide information of your functional impairment on other areas of your daily life (outside of test taking).
Do <u>NOT</u> submit: Original documents, resumes, outdated documents, letters from non-credentialed evaluators, or articles about disabilities.
Accommodations for taking national certification exams may be different from accommodations provided in school. All accommodations allowed with an I.E.P. may not be allowed for certification testing.
ARE YOU AN INSTRUCTOR?
☐Yes ☐ No Do you teach Medical Assistant or related course work? If yes, you must test LRP.
Educator Pledge
 I hold myself to the highest level of ethics and integrity as an example to my coworkers and students.
 I will not divulge examination content in whole or part to any other individual including my students. I understand that doing s
will invalidate my certification and that of any and all individuals involved, and the offense will be reported to my school officials.

www.ncctinc.com TE-0208WA Page 3 **TEST DATE SELECTION:** Select a date at least 14 days in the future: _____ **EXAM DELIVERY OPTION:** How would you like to take the exam? In person at a testing facility (additional sitting fee may apply depending on testing location) In Person Test Site Information: Please contact NCCT at 800 875 4404 for testing center location, dates, and times. Name of Test Site: City/State: Remote with an online proctor (\$44 additional fee will apply. You are required to run the system check located at: https://examroom.ai/systemtest/#/device on the computer/device you will be testing on prior to paying the remote testing fee.) **Remote Testing Requirements:** To review all requirements for remote testing, please review the Remote Testing Guide, which can be found at: https://www.ncctinc.com/Documents/Remote_Testing_quide.pdf By initialing here _____, I attest that I have read and agree to the requirements listed on the Remote Testing Guide and understand I am responsible for any errors I may come across the day of the exam and for following the above requirements. I understand NCCT and ExamRoom are not responsible for any issues with browser connectivity, internet connections, and/or power loss during on boarding or the exam. If there is an issue with your internet connection, power loss, or the browser during onboarding or the exam, you should log back in, If the issue persists, you are required to reschedule the exam and pay any fees associated with the exam. Refer to the reschedule policy. I understand and agree by choosing remote testing, I will be recorded throughout the entirety of the onboarding process and the exam.

 \square I give NCCT the authority to allow the use of my name, city, and state for certification recognition purposes on the NCCT website(s).

🗌 I give NCCT the authority to release my examination scores and pass/fail status to authorized officials from my program/institution.

www.ncctinc.com TE-0208WA Page 4

STATEMENTS OF UNDERSTANDING, CONSENT, AND VERIFICATION

Applicant agreement and signature are required to test with NCCT.

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

- All exam questions are the sole property of NCCT and it is my responsibility to maintain their confidentiality. Any attempt to copy, reproduce, or otherwise reveal the contents of the examination will be grounds for invalidation of my certification and possible legal action. NCCT reserves the right to prosecute to the full extent of the law for copyright infringement.
- If I am found in possession of any electronic device during an NCCT examination, the proctor has the right to confiscate the device and send it to NCCT for investigation. NCCT has the right to access the device and delete any unauthorized NCCT materials found on the device (e.g., photo of exam content) before it is returned to me.
- Based on a testing or data irregularity, NCCT has the right to invalidate any examination score and require a retake entirely
 at its discretion.
- NCCT retains the final authority to make all decisions regarding eligibility and certification.
- NCCT reserves the right to request necessary information from individuals, institutions, or organizations in order to validate my identity, documentation, education, background and/or other credentials.
- I will uphold all published NCCT candidate policies, including the NCCT fee and refund policies.
- The liability of NCCT and its agents is limited to examination fees only.
- To maintain an active certification status, recertification requirements must be met on an annual basis. These requirements include completing continuing education units, paying the recertification fee, and completing a recertification application.
- It is my responsibility to send NCCT all required documentation. All documentation must be in English. No certification will be released unless all requirements have been met and all documentation is on file at NCCT.
- I must submit my application, documentation and fees at least 14 days prior to the test date or there may be a delay in processing my application and scheduling my exam.
- Online test results are provided immediately upon completion of the exam.
- Only four (4) unsuccessful exam attempts are allowed per discipline. If I wish to petition to retest a fifth time, I must submit a formal appeal to the NCCT Board of Testing.
- If I do not pass an exam after the first attempt, I must wait a minimum of 30 days before retesting. After a failed second attempt, I must again wait 30 days, and after a failed third attempt, I must wait 90 days before retesting a fourth time.
- I agree to release my examination scores and pass/fail status to authorized officials from any state agency as required by law for practice. I understand my personal information will not otherwise be shared with any outside agency, but the public will be able to verify my certification status.

☐ I undertand and agree that the grounds for invalidation or recall of any NCCT certification may include, but are not limited to, the following:

- Violation of any NCCT policies or procedures, 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 (i.e., 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.

www.ncctinc.com TE-0208WA Page 5

ORDER SUMMARY:

I understand and agree to all of the following policies:

- Scores and certifications will not be released until fees are paid.
- Applicants who withdraw applications within three (3) business days after receipt in our offices and applications determined to be ineligible to test will be sent a refund of the exam fee minus a \$25 processing fee.
- If you are determined to be eligible to take the exam there is no refund for your exam fee.
- There is a \$25 fee for rescheduling an examination. There are no refunds for rescheduling fee.
- 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.
- I understand there are no refunds on any purchased products.

OPTIONAL REVIEW MATERIAL:

BUNDLES:

NCCT offers a bundling option! Applicants can select one of three options of review materials to bundle with their exam. Please contact NCCT @ 800 875 4404 for more informationiand payment.

Pricing: (When purchased at time of application)

Exam + Interactive Review = \$168.95 (bundle savings \$20)

Exam + Practice Exam PLUS = \$148.95 (bundle savings \$10)

Exam + Practice Exam = \$138.95 (bundle savings \$5)

Medical Assistant Interactive Review \$ 49.95 bundled price

The Interactive Review System includes:

- Two exam simulations one attempt each
- An opportunity to review all the questions
- The correct answers for each question
- The rationale for each answer
- Terminology and abbreviation flashcards
- Case scenarios for critical thinking skills
- Exam preparation information
- Review System subscription expires one year from opening

Medical Assistant Practice Exam PLUS \$ 29.95 bundled price

The Practice Exam PLUS simulation includes:

- One Practice Exam PLUS attempt
- An opportunity to review all the questions
- The correct answers for each question
- The rationale for each answer
- Practice Exam PLUS subscription expires one year from opening

Medical Assistant Practice Exam \$ 19.95 bundled price

The Practice Exam simulation includes:

- Three Practice Exam attempts
- An opportunity to review questions answered incorrectly
- The correct answers for those specific questions answer rationale are not given
- Practice Exam subscription expires one year from opening

Application Signature:

I have personally completed this application form and fully understand the contents. I declare, under penalty of	perjury, all the
information in this application is true.	

Printed Name Signature

It is understood and agreed that all personal information provided on this application will be used for the sole purpose of processing your application and will not be shared with any outside agency.