

**DIRECTIONS:** This application should be completed by all applicants. Failure to complete all information requested or provide verifiable information will delay processing your application and may make you ineligible to sit for the examination.

**A. PERSONAL DATA**

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Country \_\_\_\_\_  
 Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Home E-mail Address: \_\_\_\_\_

**B. EMPLOYMENT DATA**

Name of Current Employer: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Country \_\_\_\_\_  
 Telephone: (Work) \_\_\_\_\_ FAX: (Work) \_\_\_\_\_  
 Work E-mail Address: \_\_\_\_\_

<p><b>*REQUIRED*</b> - For certificates and other certification-related materials.  <b>Preferred Mailing Address:</b>   <input type="checkbox"/> Home   <input type="checkbox"/> Work  <b>Preferred Email Address:</b>   <input type="checkbox"/> Home   <input type="checkbox"/> Work</p>	<p>Are you an AAMI Member?   <input type="checkbox"/> Yes   <i>AAMI ID</i> _____  <input type="checkbox"/> No</p>
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**C. Please complete the appropriate sections with your educational information, work experience, and military information according to the eligibility option under which you are applying (refer to the Candidate Handbook for complete information).**

<b>EDUCATION:</b> A copy of diploma must accompany the application.							
Name of School	Degree Attained	Field of Study	Year Degree Granted				
<b>WORK EXPERIENCE:</b> Must be completed if using work experience as part of your eligibility.							
Position Title	Employer	Employer Phone	Date of Employment (xx/xxxx - xx/xxxx)	Full Time / Part Time	% of Time Spent		
					Biomed	Rad	Lab
<b>U.S. MILITARY BIOMEDICAL EQUIPMENT TECHNOLOGY PROGRAM:</b> A copy of diploma must accompany the application if using completion of a military BMET program as part of your eligibility.							
Name of Military Institution	Course Name	Date Completed					

**D. EXAMINATION FOR WHICH YOU ARE APPLYING** (Complete description of designations are available in Candidate Handbook).

\_\_\_\_\_ Certified Biomedical Equipment Technician (CBET)

**E. FBS TESTING DATE & SITE:**     January 25, 2019 | 1:00 pm | Sheraton City Centre, 31 W. Ohio St, Indianapolis, IN 46204 | Panorama Ballroom

**ALL APPLICATIONS MUST BE SUBMITTED BY FRIDAY, JANUARY 11 - NO ONSITE REGISTRATIONS ALLOWED**

Country of Citizenship (required): \_\_\_\_\_

**F. ACCOMMODATIONS**

Will you need special accommodations in order to participate in the exam?     Yes                       No

**G. CERTIFICATION STATUS FOR WHICH YOU ARE APPLYING** (Choose one option only)

Applicants must meet one of the following minimum requirements as of the application deadline.

CBET			
FULL STATUS		CANDIDATE STATUS	
<input type="checkbox"/>	OPTION 1: Associate's degree in biomedical equipment technology program and two years' full-time BMET work experience	<input type="checkbox"/>	OPTION 1: Associate's degree in biomedical equipment technology program
<input type="checkbox"/>	OPTION 2: Completion of a U.S. military biomedical equipment technology program and two years' full-time BMET work experience	<input type="checkbox"/>	OPTION 2: Completion of a U.S. military biomedical equipment technology program
<input type="checkbox"/>	OPTION 3: Associate's degree in electronics technology and three years' full-time BMET work experience	<input type="checkbox"/>	OPTION 3: Associate's degree in electronics technology and one year full-time BMET work experience
<input type="checkbox"/>	OPTION 4: Four years' full-time BMET work experience.	<input type="checkbox"/>	OPTION 4: Two years' full-time BMET work experience

**H. NAME AND SIGNATURE OF CURRENT SUPERVISOR**

I certify that the information contained in this application and the documents presented are true to the best of my knowledge.

Printed Name of Current Supervisor	Signature of Current Supervisor	Telephone
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**I. CODE OF CONDUCT**

The Code is designed to provide both appropriate ethical practice guidelines and enforceable standards of conduct for all ACI applicants, certificants, and candidates. The Code also serves as a professional resource for healthcare technology practitioners, as well as for those served by ACI certificants and candidates in the case of a possible ethical violation. All ACI applicants, candidates, and certificants must agree to comply with the ACI Code of Conduct as outlined below:

- I will conduct my professional activities with honesty and integrity.
- I will uphold my professional conduct to the highest ethical standards.
- I will represent my certifications and qualifications honestly and provide only those services for which I am qualified to perform.
- I will maintain and improve my professional knowledge and competence through regular self-assessments, continuing practice, continuing education or training.
- I will act in a manner free of bias and discrimination against clients, colleagues, or customers.
- I will maintain the privacy of individuals and confidentiality of information obtained in the course of my duties unless disclosure is required by legal authority.
- I will obey all applicable laws, regulations, and codes.
- I will follow all certification policies, procedures, guidelines, and requirements of the ACI.
- I will not use the certificate in a misleading manner.
- I will discontinue use of the certificate and certification marks upon suspension, revocation, or withdrawal by decision of the certified body.

**APPLICANT VERIFICATION/AUTHORIZATION**

I certify that all statements given in this Application are true and correct and that ACI, its examination boards, and 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 certification. I also authorize any organization and individual 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 and resulting examination. I also certify that I have read the ACI Certification Handbook and understand and agree to the policies set forth therein. I understand that I must comply with the ACI code of conduct and the renewal policy to maintain my certification. I release from all liabilities the ACI, its examination boards, and its agents, and I am aware that any certification I may receive from the AAMI Credentials Institute (ACI) will not constitute and shall not be construed as a license. Once certified by ACI, the certified person must notify ACI, without delay, of matters that can affect the capability of the certified person to continue to fulfil the certification requirements.

**NON-DISCLOSURE AGREEMENT AND GENERAL TERMS OF USE**

This examination is confidential and proprietary. It is made available to you, the examinee, solely for the purpose of assessing your competency in the area referenced in the title of this examination. You are expressly prohibited from recording, copying, disclosing, publishing, reproducing, or transmitting this examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior express written permission of the AAMI Credentials Institute (ACI). Non-compliance may lead to the revocation of your certification.

By signing below, I agree to all statements listed above:

Signature of Applicant	Date
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ACI TESTING FEES

ACI TESTING FEES		
	CBET	
	AAMI Member	Non-Member
<b>EXAM FEE (INCLUDING \$100 APPLICATION FEE)*</b>	<b>\$350</b>	<b>\$400</b>
RETESTING FEE	\$275	\$325
RESCHEDULING FEE (one-time only) (outside of 5 business days)	\$50	\$50
RESCHEDULING FEE (inside of 5 business days)	Forfeit exam fees	Forfeit exam fees
<b>NO SHOW FEE</b>	Forfeit exam fees	Forfeit exam fees
INTERNATIONAL TESTING FEE**	\$100	\$100

The reduced application fee for AAMI members is non-transferable between individuals or within departments and is available only to those individuals whose AAMI membership dues are paid in full at the time of exam registration.

\*The \$100 application fee is non-refundable.

\*\*International testing fees are charged for testing centers outside of domestic USA and Canada.

**EXAM PAYMENT** (Send completed application and payment to ACI at 4301 N. Fairfax Dr., Suite 301 Arlington, VA 22203, fax to 703-525-1424 or e-mail to aci@aami.org )

<b>Remit payment in U.S. dollars. Checks must be drawn on a U.S. bank.</b> <i>(See all ACI examination fees above)</i>	
Check: <input type="checkbox"/> Please make payable to AAMI.	
\$ _____ Exam Fees + \$ _____ Additional Fees <hr/>	
Charge: \$ _____ Total Amount <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card Number _____	Cardholder Name _____
Expiration (month/year) _____	Signature _____