

THE AMERICAN REGISTRY OF MEDICAL ASSISTANTS INC
2017 REINSTATEMENT REQUEST FOR CERTIFICATION OF REGISTRATION

All Registrations Expire on December 31st
REINSTATEMENT FEE \$80

This form is for Reinstatement of your membership which has lapsed for more than one year, OR if you have not Renewed your membership by April 30th of the current year.

All Stared Fields Are Required To Process Your Request

Name, Address, City, State, Zip, Email Address, Registration #, Apt #, Phone #, Social Security, Birthdate

Reinstatement Certification Registration Fee and Document Requirements

Reinstatement Fee \$80.00, I have enclosed the required proof of 12 CEUs per year of uncertified registration, up to a maximum of 36 CEUs, and valid letter of recommendation if necessary

2017 CEU Package Request Fees ~ Please chose the appropriate fee below.

\$40.00 to receive the 2017 Online CEU Package for 2018 Renewal, OR \$50.00 to recieve the 2017 Paper CEU Package for 2018 Renewal by mail.

Have you ever been convicted of a felony or a misdemeanor? Yes No

NOTE: A conviction of, a plea of guilty to, or a plea of nolo contendere to an offense constitutes a conviction for ARMA purposes. Convictions which have been formally cleared require the submission of evidenced by a letter or statement from an official source to that effect, should be submitted with this form.

ATTENTION!!! Requests received without the required information or documentation will be charged an additional Resubmission Surcharge Fee of \$35.00 to reprocess your request. IF THE REQUIRED DOCUMENTATION IS NOT INCLUDED WITH THE REINSTATEMENT FORM AND FEE, YOUR REQUEST FOR REINSTATEMENT WILL NOT BE GRANTED.

Please submit completed 2017 Reinstatement Request for Certification of Registration form with your full payment by money order or credit card and all required documentation (proof of 12 CEUS per year of uncertified registration up to 36 CEUs, a valid letter of recommendation and a letter or statement of cleared conviction charges if necessary) to:

THE AMERICAN REGISTRY OF MEDICAL ASSISTANTS
61 Union Street, Suite #5
Westfield, MA 01085-2476

By signing below I acknowledge and understand that if the required information or documentation is not included with my request that I may be subject to a \$35.00 Resubmission Surcharge Fee.

* SIGNATURE REQUIRED:

PLEASE BE ADVISED : IT WILL TAKE 6-8 WEEKS TO PROCESS YOUR COMPLETE RENEWAL FORM.

Payment Options - Please do not remove this section for any reason

Make Money Orders payable to: ARMA

OR Charge your payment to a Credit Card by simply completing the Credit Card information below.

Master Card, Visa, Discover, American Express

Card Number:

Visa, Master Card & Discover 3 Digits On Back Of Card: OR AMEX 4 Digits Above Card #:

Name as it appears on Card: Expiration Date(mm/yy):

Billing Address: Zip + 4 Digits:

Signature as it appears on card:

Payments returned as unpayable will be charged the penalty fee of YOUR STATE