2026 $80 REINSTATEMENT REQUEST FOR CERTFICIATION OF REGISTRATION

§ All Registrations Expire on December 31ˢᵗ §

All FIELDS ARE REQUIRED TO PROCESS YOUR REQUEST

Name: _____ Registration No: _____

Address: _____ Apt # _____ Phone_____

City_____ State_____ Zip_____ - _____ (*4 Digit extension*)

Email Address: _____Social Security (*Last 4 Digits*) _____ Birthdate: ___/___/____

Reinstatement Certification Fee and Documentation

☐   **$80~Reinstatement Fee**

☐   **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**

2026 CEUS Package Request Fees for Renewal 2027-~ Please choose the appropriate fee below

☐   **$50.00** for Online CEUs, offered on the website

☐   **$60.00** for Printed CEUs, offered in the Registry Connection Publication by mail

Have you ever been <u>convicted</u> of a <u>felony or a misdemeanor</u>? ☐ 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. Juvenile or traffic convictions without a related drug/alcohol charge, are not required to be reported to ARMA. Convictions previously reported to ARMA may be entered as NO for future forms.

ATTENTION!!!   Requests received without the required information or documentation will be charged   ATTENTION!!!
An additional Resubmission Fee of $35 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 2026 Reinstatement Request for certification of Registration Form with your full payment by money order or credit card and all required documentation (*proof of 12 cues 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 INC
61 UNION ST. STE. #5
Westfield, MA. 01085-2476

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

SIGNATURE REQUIRED: _____

<u>***PLEASE BE ADVISED***</u>: *IT WILL TAKE <u>6-8 WEEKS</u> 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, complete the Credit Card information below:

Visa ☐   MasterCard ☐   Discover ☐   American Express ☐

Card Number: ____ ____ ____ ___-___ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____

Expiration Date (mm/yy):____ ___/____ ___ CVV2 CODE_____(3 on back of Visa, Mastercard or Discover. 4 on front of American Express)

Name as it appears on card: _____

Billing Address_____ Zip +4 Digits_____-_____

SIGNATURE OF CARD OWNER:(ARMA member must sign above) _____

*Payments returned as <u>unpayable</u> will be charged the penalty fee of <u>**YOUR STATE**</u>*