

2020 REINSTATEMENT REQUEST FOR CERTIFICATION OF REGISTRATION \$80

§ 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

2020 CEUS Package Request Fees-- Please choose the appropriate fee below

- ☐ \$40.00 for Online CEUs, offered on the website
☐ \$50.00 for Printed CEUs, offered in the Registry Connection Publication 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. 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 2020 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 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: _____

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, 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 unpayable will be charged the penalty fee of YOUR STATE