The American Society of Phlebotomy Technicians Inc.

PO Box 1831, Hickory, North Carolina, 28603 Email: office@aspt.org

Patient Care Technician Certification Examination

Taylor, MICHIGAN

Saturday, March 30, 2024 Bio Tech Laboratory Inc. 9025 Pardee Road 10:00 AM

For Site Directions Call...(313) 292-2640

Registration Form (Type or PRINT PLAINLY):

Application and Exam fee is \$175.00 when received by Thursday, February 29, 2024
Application and Exam fee is \$200.00 after Thursday, February 29, 2024
WALK-INS ARE NO LONGER ACCEPTED

A PROCESSING FEE WILL BE CHARGED FOR CREDIT OR DEBIT CARD PAYMENTS

Mail completed application and make fees payable to:

ASPT PO Box 1831

Hickory, North Carolina, 28603

Last Name:	Name: First Name:				Middle Initial: Apt/Lot/Space:	
Mailing Address:						
City:	State:	Zip		Day Phone:		
Have you tested with ASPT before	?	Yes / No	Training:	On the job?		Formal?
Employed by:			Yea	rs: T	itle:	
Email (print clearly): Payment Information:			2			
Exam # X41304	Check / Money Order #					Amount:
Credit Card #	Expiration Date:		Security Code:			Zip Code
Participants Signature:						
our supervisor or instructor must sig	gn in the c	lesignated are	a below:			
up/Inst. Signature:		Date:	Date: Phone		e:	

A study outline and detailed confirmation letter will be sent by email upon receipt of the proper fees. Please remit the fees at least 30 days prior to the examination date to ensure notification of exam eligibility and location; or, any changes which may arise due to circumstances beyond our control. Fees are not refundable or transferable. If for any reason you are unable to attend and wish to reschedule for another exam, you must re-apply for certification. Retake fees are subject to conditions. Purchase orders are \$200.00 - 30 days prior to the event. (schools only). Faxed applications are rejected unless accompanied by a credit card. Call ASPT to pay by credit card. Returned checks are subject to a \$40.00 NSF fee.