

# 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, April 20, 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, March 21, 2024

Application and Exam fee is **\$200.00** after Thursday, March 21, 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: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt/Lot/Space: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone: \_\_\_\_\_

Have you tested with ASPT before? \_\_\_\_\_ Yes / No \_\_\_\_\_ Training: On the job? \_\_\_\_\_ Formal? \_\_\_\_\_

Employed by: \_\_\_\_\_ Years: \_\_\_\_\_ Title: \_\_\_\_\_

Email (print clearly): \_\_\_\_\_

Payment Information: \_\_\_\_\_

Exam # **X41608** Check / Money Order # \_\_\_\_\_ Amount: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip Code \_\_\_\_\_

Participants Signature: \_\_\_\_\_

Your supervisor or instructor must sign in the designated area below:

Sup/Inst. Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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.