



Certification Examination Application

Please answer all questions completely. Type or legibly print answers in ink using additional pages as needed. The information contained herein will be considered confidential and becomes, together with all attached

papers, references, etc., the property of the Board of Certification of Medical Illustrators. All persons shall receive fair, equal and impartial treatment by the Board of Certification of Medical Illustrators. All applicants shall be treated without regard to membership status, race, creed, color, national origin, sex, age, handicap, marital status or other criteria prohibited by law.

- Exam to be taken at AMI meeting
- Exam to be taken offsite

Today's date _____

Name (last, first, middle) _____

Street address (business) _____

City _____

State _____

Country _____

Postal code _____

Business phone _____

Street address (home) _____

City _____

State _____

Country _____

Postal code _____

Home phone _____

E-mail address _____

Where would you like the results of the examination sent? Business Home

AMI MEMBERSHIP STATUS

- Professional
- Associate
- Emeritus

Total years as an AMI member _____

- Non-member

EDUCATION AND TRAINING

Level of Education

High School:

Level Completed: 1 2 3 4

College

Level Completed: 1 2 3 4 5 Name of College: _____

City _____ State _____

Graduated? Yes No

Degree _____

Major _____

Post Graduate

Level Completed: 1 2 3 Name of College: _____

City _____ State _____

Graduated? Yes No

Degree _____

Major _____

EMPLOYMENT HISTORY

List below your employment history.

Employer	Job Title	# of years

Total number of years you have worked as a MEDICAL ILLUSTRATOR _____

IMPORTANT NOTICE:

An applicant for certification is considered eligible if **either** of the two following situations is true.

1. You have a degree from a college/university program in medical illustration that includes a graduate level course in human gross anatomy with hands-on dissection, proven by transcript.
2. You have a minimum of five years full-time experience as a medical illustrator substantiated by letters of reference from employers, and proof of a college level course in human anatomy with dissection or its equivalent.

Make sure the NOTARIZATION FORM and appropriate FEE are included with this application. Please make checks payable to the Board of Certification of Medical Illustrators.

CERTIFICATION EXAM

- AMI member rate: \$150
- Non-AMI member rate: \$275

CERTIFICATION EXAM FOR CMI RENEWAL (FAILURE TO EARN ADEQUATE CEUs)

- AMI member rate: \$250
- Non-AMI member rate: \$350

CERTIFICATION EXAM RETAKES BY SECTION (PLEASE CHECK APPROPRIATE BOX/BOXES)

AMI member rate

- Section I: \$50
- Section II: \$50
- Section III: \$50

Non-AMI rate

- Section I: \$85
- Section II: \$85
- Section III: \$85

Offsite exam shipping fee is \$50 for AMI members and non-members alike. You must have permission from the BCMI Chair to take the exam offsite – away from the AMI meeting.

- \$50 offsite shipping fee

Checks payable to the Board of Certification of Medical Illustrators.

SEND ALL MATERIALS TO:

Board of Certification of Medical Illustrators
c/o Sara Zach
201 E. Main Street, Ste. 1405
Lexington, KY 40507