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.

Payments can be made online via credit card or by check. 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: $300
- Non-AMI member rate: $350

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

<table>
<thead>
<tr>
<th>AMI member rate</th>
<th>Non-AMI rate</th>
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<tbody>
<tr>
<td>Section I: $50</td>
<td>Section I: $85</td>
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<tr>
<td>Section II: $50</td>
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<td>Section III: $50</td>
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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