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.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Job Title</th>
<th># of years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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