

## **CERTIFIED MEDICAL TRANSCRIPTIONIST-RETIRED (CMT-R)**

| Name:         |  |   |                           |                    |
|---------------|--|---|---------------------------|--------------------|
| Address:      |  |   |                           |                    |
| Email Addre   | ess:   |   |                           |                    |
| Phone:        |  | CMT Number  | :                         |                    |
|               |  | CMT-  | R Processing Fee          | \$45.00            |
|               | cle method of paymer<br>Visa MasterCard  |   | scover                    |                    |
| Name as it a  | ppears on credit card  | Credit Card Number  | 3-Digit Security<br>Code  | Expiration Date    |
| By signing tl | <ul> <li>I am retiring my c</li> <li>a Certified Medic</li> <li>I am prohibited for</li> </ul> | ng payment, I hereby acknown and will no long al Transcriptionist (CMT) rom using the CMT creder quired to accumulate con | er be recognized by AHD   | ol (formerly AAMT) |
|               | o Reinstatement of   | my credential requires th   | nat I take and pass the C | HDS exam           |
| Signature     |  |   | Date                      |                    |

**NOTE:** This CMT-R application and the processing fee must be received in the AHDI office by your recertification deadline. CMTs have up to 90 days from their original expiration date to submit the application and fees to retire their credential. Applications received past your recertification deadline will be charged a \$50 late fee in addition to the normal processing fee of \$45. Beyond the 90-day grace period, the lapsed CMT credential holder forfeits their right to retire their credential and use "CMT-R," and the only way to become certified again is by successfully passing the CHDS exam.