

MedCA Certifications



Qualification to Test by Work Experience Form*

To be completed by the applicant and returned by email or fax

**Test candidates in the state of South Carolina cannot be certified based upon work experience.*

Date ____/____/____

Name _____

Address _____

Phone _____ Email Address _____

Work Experience (i.e. duties, responsibilities, job description, etc.)

What certification are you applying for based upon your work experience? _____

I _____, allow the information on this application to be forwarded to
MedCA Certifications.

Signature of Applicant _____

Must be completed by the applicant's direct supervisor

The person above is applying for certification testing based upon work experience. As such, the applicant must have documentation reflecting full-time work experience in the certification for which they are applying. An employer can only verify work experience performed at their own facility. Please note that actual work in an ambulatory care, medical office or clinical environment is required.

Date: _____

Applicant's employment dates from ____/____(month/year) through to ____/____

Supervisor Contact Information:

Organization Name _____

Address _____

Phone Number _____ Email Address _____

Title _____

Print Name _____

Signature of Supervisor _____