

Study Group Agreement

Information about Yourself

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ **Email:** _____

Company/Organization: _____ **MT School/Completion Date:** _____

CODE: _____

Eligibility and Requirements:

RMT Eligibility and Requirements

Candidates may sit for the AHDI RMT exam solely with the bona fide intent and purpose of seeking an AHDI credential and for no other purpose. Individuals who already possess the RMT or CMT credential are not eligible to take the examination. Medical transcriptionists (MTs) who are recent graduates of medical transcription education programs, MTs with fewer than two years' experience in acute care, and MTs practicing in single-specialty, clinic, radiology, and pathology areas are eligible to take the RMT exam. MTs who are eligible to take the CMT examination are encouraged to do so but will still be allowed take the RMT exam if they prefer. Current CMTs are not allowed to sit for the RMT exam.

The exam targets the level I medical transcriptionist as defined in the "Medical Transcriptionist Job Descriptions" published by AHDI (found on AHDI's website). This document describes the level I MT as a medical language specialist who transcribes dictation by physicians and other healthcare providers in order to document patient care. The incumbent will likely need assistance to interpret dictation that is unclear or inconsistent, or make use of professional reference materials. The nature of the work performed (type of report or correspondence, medical specialty, originator) is repetitive or patterned, not requiring extensive depth and/or breadth of experience. The AHDI Core Competencies and the AHDI Model Curriculum were also used to develop this exam.

CMT Eligibility and Requirements

Candidates may sit for the AHDI exam solely with the bona fide intent and purpose of seeking AHDI certification and for no other purpose. Individuals who already possess the CMT credential are not eligible to take the examination. Two years of transcription experience in acute care-type setting or equivalent experience in a multispecialty environment are required to take the CMT certification examination.

The exam targets an experienced medical transcriptionist with Professional Level 2 skills and knowledge as defined in the "Medical Transcriptionist Job Descriptions" published by AHDI (found on AHDI's website). This document describes the Professional Level 2 MT as a medical language specialist who transcribes and interprets dictation by physicians and other healthcare providers in order to document patient care. The position is also routinely involved in research of questions and in the education of others involved with patient care documentation.

The incumbent in this position is given assignments that require a SEASONED DEPTH OF KNOWLEDGE IN A MEDICAL SPECIALTY (OR SPECIALTIES) OR REGULARLY GIVEN ASSIGNMENTS THAT VARY IN REPORT OR CORRESPONDENCE TYPE, ORIGINATOR AND SPECIALTY. Incumbents at this level are able to RESOLVE NON-ROUTINE PROBLEMS INDEPENDENTLY OR TO ASSIST IN RESOLVING COMPLEX OR HIGHLY UNUSUAL PROBLEMS

Study Group Selection

July 2010
January 2011

October 2010
April 2011

Method of Payment

A non-refundable registration fee of \$75.00 is required for each study group. Student/Affiliate CODE may be used only once per registrant. *Please check **one** method of payment from the options shown below.*

CODE indicated above

Check or Money Order enclosed \$ _____

*If paying by check or money order, please make payable to:
Med-Line School of Medical Transcription*

Pay by Credit Card: Amount \$ _____

Visa MasterCard Discover

Card Number Exp. Date 3 Digit Code

Signature

Your signature below indicates that you have read, understood and accepted the terms of this agreement, as well as the enclosed information describing the study group selection. It also indicates that you have read and fully understand the eligibility and requirements stated above and acknowledge that you meet these requirements. It is also understood that you are responsible for any and all fees associated with textbooks, materials, and testing. Your signature gives Med-Line School permission to process payment indicated above.

Signature _____ Date _____

Med-Line School of Medical Transcription
PO Box 2757, Lake Havasu City, Arizona 86405
928-453-1885 office 888-806-9553 fax
email: lthompson@medlineschool.com

Med-Line Representative Date