

USIAHP Inc.
 United States Institute for Allied Healthcare Professionals

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Application Form For New Members or Renewals

(Print form and complete all fields)
 Incomplete applications will delay the processing of your application
 Mail completed application and a check or money order with the applicable fee to MAILING address.
 Include the required documents: **1 passport size photo, a copy of HS diploma or GED. A copy of the certificate of completion for the requested trade or a letter from your employer with the dates of employment and job description. A current resume**
****New members must call to schedule for an appointment to take the certification examination**

Name:		
Address:		
City:	State:	Zip Code:
Telephone:		
Date of Birth:	Last four digits of S.S. #	
Signature:		
Educational Information-Please enter information below		
Name of Technical or Trade School:		
Date of completion:		
Title of Profession:		
High School attended:		
Year of graduation:		
GED	Year GED obtained:	
Name of GED granting Institution:		
Post High School education other than Trade or Technical School:		
Employment Information		
Name of Employer:		
Address:		
City:	State:	Zip Code:
Telephone:		
Contact Person:		
Please check all that apply		
Renewal (<input type="checkbox"/>)	New Member (<input type="checkbox"/>)	
Certification Requested:		
Certified Phlebotomy Technician _____		
Certified EKG Technician _____		
Certified Medical Assistant _____		
Certified Nurse Technician _____		
Certified Patient Care Technician _____		
Certified Patient Care Associate _____		
Certified Medical Biller _____		
Certified Nurse Aide Advanced _____		

FEE SCHEDULE

NEW MEMBERSHIP

1 Year	\$95.00 PER TRADE
2 Years	\$160.00 PER TRADE

RENEWAL FOR MEMBERS WITH A VALID CERTIFICATE

1 Year	\$75.00
2 Years	\$140.00

If you have not renewed your membership for 2 or more years the fee is \$95.00 per trade. You also have to submit a current resume.

RENEWAL FOR MEMBERS WITH AN EXPIRED CERTIFICATE

1 Year	\$95.00
2 Years	\$140.00

RETURNED CHECK FEE \$35.00