



Attestation Form

Category 4—Alternative Pathway For the CMA (AAMA) Certification Exam

I. Attestation for Program Requirements (Required)

This section is to be completed and signed by the **medical assisting program director, medical assisting faculty, registrar, state department of education, or any other individual who has institutional authority and can verify the program components below.**

I hereby attest that the _____ medical assisting program met the following criteria and included the following components*:
(program name)

*(please use and complete the following checklist to ensure that the application is accepted)

Included a minimum of 560 contact hours (not including practicum/externship)

Included a minimum of 160 practicum/externship hours (refer candidate to III. Attestation for Medical Assisting Experience on this form if this box is not checked)

Awarded a diploma, certificate, or associate degree from a postsecondary medical assisting program or postsecondary medical assisting apprenticeship program

Accredited by an accrediting agency recognized by the U.S. Department of Education and/or the Council for Higher Education Accreditation

Included anatomy and physiology in the curriculum

Included infection control in the curriculum

Included pharmacology in the curriculum

Included applied mathematics in the curriculum (including dosage calculations and metric conversions)

Name: _____

Title: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

II. Attestation for Application of Knowledge (Required)

This section is to be completed and signed by the **medical assisting program director, medical assisting faculty, externship coordinator, clinical site lead, registrar, or current employer who can attest to a candidate's successful application of knowledge.**

I hereby attest to _____'s (please check all that apply):
(exam candidate's name)

Successful preparation and administration of a total of *at least* 10 intramuscular, intradermal, and subcutaneous injections in any combination

Successful performance of phlebotomy a minimum of 10 times

Injection and phlebotomy must be performed successfully a sufficient number of times to demonstrate clinical competence and reasonably ensure practices that meet or exceed the current standard of care.

Name: _____

Title: _____

Phone: _____

Email: _____

Company Name: _____

Signature: _____

Date: _____

For Registrars Only: As registrar, I confirm that I have been given adequate documentation to ensure AAMA that

_____ has met the requirement for 10 successful injections and 10 successful venipunctures to qualify for
(exam candidate's name)
the CMA (AAMA) certification exam.



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III. Attestation for Medical Assisting Experience (NOT required*)

This section is to be signed by the **employer(s)**—multiple attestation letters may be signed and uploaded to equal 1,000 hours.

****This section needs to be completed only if an externship was not completed during the medical assisting program.***

I hereby attest to _____'s successful completion of 1,000 hours of medical assisting experience in an outpatient setting
following program completion. (exam candidate's name)

Name: _____

Title: _____

Phone: _____

Email: _____

Company Name: _____

Signature: _____

Date: _____

