

*Washington State Department of Health  
Credentialing Requirements*

**Medical Assistant - Certified or Interim  
(Chapter [18.360 RCW](#), [246-827 WAC](#))**

**Type of Credential:**

Certification

**Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p><b>Education and Training:</b> Successful completion of one of the following medical assistant training programs:</p> <p>Post-secondary school or college program accredited by the Accrediting Bureau of Health Education School (ABHES) or the Commission of Accreditation of Allied Health Education Programs (CAAHEP);</p>	<p><b>Transcripts:</b> Have your post-secondary school or college mail your transcripts with the date of completion listed.</p>
<p>Post-secondary school or college accredited by a regional or national accrediting organization approved through the U.S. Department of Education, which includes a minimum of 720 clock hours of training in medical assisting skills, including a clinical externship of no less than 160 hours;</p>	<p><b>Transcripts:</b> Have your post-secondary school or college mail your transcripts with the date of completion listed.</p>
<p>A registered apprenticeship program administered by a department of the state of Washington unless the secretary determines that the apprenticeship program training or experience is not substantially equivalent to the standards of this state. The apprenticeship program shall ensure a participant who successfully completes the program is eligible to take one or more examinations identified in <a href="#">WAC 246-827-0200(2)</a>;</p>	<p><b>Transcripts:</b> Have your medical assistant training program mail your transcripts with the date of completion listed.</p>
<p>The Secretary may also approve an applicant who submits documentation that he or she completed post-secondary education with a minimum of 720 clock hours of training in medical assisting skills.</p>	<p>The documentation must include proof of training in all of the duties identified in <a href="#">RCW.18.360.050(1)</a> and a clinical externship of no less than 160 hours.</p>
<p>Military training or experience satisfies the training or experience requirements unless the secretary determines that the military training or experience is not substantially equivalent to the standards of this state.</p>	<p>Provide official transcripts showing proof of your education, training, and experience.</p>
<p><b>License Requirements:</b> Completion of high school education or its equivalent.</p> <p>The ability to read, write, and converse in the English language.</p>	<p>You must sign and date the application packet as proof of completion.</p>

<p><b>Exam Requirements:</b></p> <p>Successfully pass one of the following examination(s) within five years prior to submission of an initial application for this credential:</p> <ul style="list-style-type: none"> <li>• Certified medical assistant examination through the American Association of Medical Assistants (AAMA);</li> <li>• Registered medical assistant certification examination through American Medical Technologists (AMT);</li> <li>• Clinical medical assistant certification examination through the National Health Career Association (NHA); or,</li> <li>• National certified medical assistant examination through the National Center for Competency Testing (NCCT).</li> </ul>	<p>A written verification in the form of scores or a certificate must be sent directly from the examination body directly to the Department of Health.</p>
<p><b>State licensure verification</b></p>	<p>List all states where credentials are or were held, including where you have applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the you are or was credentialed. Send forms to jurisdiction for completion. The jurisdiction then sends completed form directly to the department.</p>
<p><b>Statement about:</b></p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>
<p><b>Interim Certification Requirements:</b></p> <ul style="list-style-type: none"> <li>• You have met all requirements except passage of the examination.</li> <li>• You can provide the full scope of practice of a medical assistant-certified.</li> <li>• Your interim certification will expire upon issuance of the medical assistant certified credential or after one year issuance of the interim certification.</li> <li>• You cannot renew an interim certification.</li> <li>• You are only eligible for an interim certification upon initial application.</li> </ul>	