

CMA (AAMA) Certification/Recertification Examination Request for Waiver Form

Instructions: Read and complete this form and mail it by the appropriate postmark deadline with the required documentation and your application for the CMA (AAMA) Certification/Recertification Examination to:

Lee Rumpel
Director of Certification
AAMA
20 N. Wacker Dr., Ste. 1575
Chicago, IL 60606

I have been found guilty of a felony, or have pleaded guilty to a felony, and am requesting that the AAMA Certifying Board grant me a waiver to take the CMA (AAMA) Exam for initial certification or recertification based upon mitigating circumstances.

The documentation I am submitting with this form and my application for the CMA (AAMA) Exam attest to my rehabilitation and that I will not be a threat to patients and therefore should be eligible to become a CMA (AAMA), or to recertify my CMA (AAMA) credential. My documentation includes, but is not necessarily limited to, the following:

- § A letter summarizing the crime(s), any special circumstances (including my age at the time), and how things have changed since the crime(s) occurred
- § The length of time since the conviction (**at least three years must have passed before submitting the application for waiver**)
- § Criminal history since the conviction
- § At least two or three written references by individuals other than family and friends (e.g., current or past employers, counselors, instructors, probation or parole officers, or clergy) who will attest to the applicant's rehabilitation and the fact that the applicant will not be a threat to patients and therefore should be eligible to become a CMA (AAMA), or recertify the CMA (AAMA) credential.

This waiver is subject to review and modification if the applicant experiences additional civil or criminal allegations of wrongdoing. Applicants are obligated immediately to report such allegations to the AAMA Certification Department. Failure to do so will result in a re-evaluation of any previously granted felony waiver.

The policies of the Certifying Board are subject to change without notice.

I have read this form and am submitting it with the required documentation:

_____ Signature
Full name (printed)

Date: _____ Day phone: _____

E-mail address (if any): _____

Address/City/State/ZIP: _____