

The History of the American Association of Medical Assistants

Mission Statement

The mission of the American Association of Medical Assistants is to provide the medical assistant professional with education, certification, credential acknowledgment, networking opportunities, scope-of-practice protection, and advocacy for quality patient-centered health care.

Definition of the Profession

Medical assistants are multiskilled members of the health care team who perform administrative and clinical procedures under the supervision of licensed health care providers.

1955

The Kansas Medical Assistants Society initiated a meeting in Kansas City, Kan., to consider the formation of a national organization.

The name of the American Association of Medical Assistants (AAMA) was accepted by vote.

1956

The Charter Meeting was held in Milwaukee.

The Constitution and Bylaws was adopted and permanent officers were elected.

The American Medical Association passed a resolution commending the objectives of AAMA.

Carmen Kline, CMA-A (KS), was co-chair with Maxine Williams, CMA-A (KS), for the AAMA Founding Meeting.

1957

Maxine Williams, CMA-A (KS), was elected the first AAMA president.

At the first Annual Meeting the House of Delegates was accepted as the legislative body of the national association.

At this meeting the first educational sessions were designed to increase the professionalism of medical assistants.

The first official publication, *The Ambassador*, was published.

1958

Tri-level membership was approved with one membership card for local, state, and national membership.

A national emblem was selected.

1959

AAMA was incorporated in the state of Illinois as a not-for-profit professional organization.

The national headquarters was opened in Chicago.

The Scholarship Fund was started with a \$200 contribution from Maxine Williams. It was later named the Maxine Williams Scholarship Fund.

A Certification Committee was appointed to develop the AAMA Certification program.

1960

Tri-level membership in AAMA was voted as mandatory.

1961

The Certifying Board was established.

1962

A sample examination for Certified Medical Assistants (CMAs) was given at the convention with no credit given.

1963

The first certification examinations were given in California, Kansas, and Florida.

1966

A special committee was appointed to develop curriculum standards for the training of medical assistants, as a prelude to collaborating with the American Medical Association in the accreditation of educational programs on a postsecondary level.

1968

The AAMA Endowment was established as a public foundation for educational, charitable, and scientific purposes.

The name of the official publication was changed to *The Professional Medical Assistant*.

1969

Essentials of an Approved Educational Program for Medical Assistants was approved by the American Medical Association (AMA) Council on Medical Education and the AMA House of Delegates.

Five two-year educational programs were accredited by the AMA Council on Medical Education in collaboration with the AAMA Program Approval Committee.

Student and faculty memberships were approved as new categories of membership.

An Education Council was created to coordinate the educational activities of the association.

1971

Certification eligibility requirements were broadened to include medical assisting instructors and students.

The American Medical Association House of Delegates approved a set of revised *Essentials* for a basic one-year curriculum, thus allowing for the evaluation of programs not only in community and junior colleges, but also in vocational-technical, proprietary, and military-based institutions.

1972

A committee was formed to begin work on a guided home study course.

The American Medical Association and AAMA filed a petition with the U.S. Office of Education seeking recognition as the official accrediting agency for medical assisting programs.

1973

The Curriculum Review Committee became the Curriculum Review Board.

1974

The U.S. Office of Education recognized AMA/AAMA as an official accrediting agency for medical assisting programs in public and private institutions.

1975

The revised certification program, consisting of a basic test plus three specialty examinations (Administrative, Clinical, and Pediatric) was implemented.

The name of the In-Service Education Committee was changed to the Continuing Education Committee.

The AAMA House of Delegates approved the adoption of the Continuing Education Unit (CEU) and stipulated that CEUs meet the minimum criteria as promulgated by the National Task Force on the Continuing Education Unit.

1976

The 20th anniversary year of AAMA was a time for noting progress during two decades of educational service. Membership reached 18,500 with 525 chapters in 47 states and the District of Columbia.

The number of AMA/AAMA accredited postsecondary programs reached 117 in 108 institutions.

The highest number of medical assisting certificates—1,959—were awarded, making a total of 5,197 since the program's inception.

A new category of membership—international—was instituted.

The Task Descriptor Project was initiated whereby an analysis of 475 medical assisting tasks in 18 categories was undertaken.

Continued recognition for a four-year period was extended by the U.S. Office of Education to the Curriculum Review Board in its collaborative accrediting role with AMA.

The Continuing Education Committee officially launched the CEU Approval Program, whereby state societies and chapters that met specific guidelines could offer CEU credit to participants.

1977

Active membership was opened to any practicing medical assistant who achieved AAMA certification.

The National Board of Medical Examiners was engaged as the test consultant for the AAMA certification examinations.

Responsibility for the accreditation of one- and two-year medical assisting programs was transferred from the American Medical Association (AMA) Council on Medical Education to the AMA-sponsored but independently operated Committee on Allied Health Education and Accreditation. The AAMA Endowment's Curriculum Review Board remained the recommending body.

The revised *Essentials of an Accredited Educational Program for the Medical Assistant* was accepted by the AMA Council on Medical Education.

1978

The Continuing Education Board was formed.

For the first time, the AAMA basic Certification Examination was given twice yearly (in January and June) at test centers nationwide.

1979

The DACUM (Developing a Curriculum) process analysis of the medical assisting profession was conducted.

1980

The Certification Revalidation Program was officially launched, allowing CMAs to revalidate their credentialing by either the continuing education or examination methods.

1982

A Legislation Committee Subcommittee on State Legislation was established to monitor grassroots legislation affecting allied health and to encourage member involvement in the legislative process at the local level.

1985

A position statement adopted that AAMA advocate the credentialing of medical assistants through certification, with mandatory revalidation, and that a record of Certified Medical Assistants be maintained by AAMA to serve as the verification of certification status.

1988

The AAMA logo was redesigned.

1989

The Continuing Education Board began the Sponsor Approval Program.

The new AAMA logo was introduced.

CMA pins were provided without cost for new CMAs.

1990

The DACUM (Developing a Curriculum) was published.

1991

The American Medical Association's Committee on Allied Health Education and Accreditation approved the 1991 *Essentials and Guidelines for an Accredited Education Program for the Medical Assistant*.

1992

The Continuing Education Board announced in-house registration of AAMA-CEU credits.

The American Medical Association proposed that a new independent accrediting agency be established to replace the Committee on Allied Health Education and Accreditation.

1993

Effective January 1, 1995, a change in recertification was implemented. Of the 60 recertification points needed to revalidate the AAMA CMA credential, 20 must be from AAMA-approved CEU programs. Specialty credentials require 5 of the 20 points be AAMA-approved CEU programs. Point distribution: General—15; Administrative—15; and Clinical—15; with the remaining 15 applied to any of the three content categories.

The Task Force on Restructuring the Committee on Allied Health Education and Accreditation (CAHEA) recommended the establishment of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) as the accrediting agency. Preliminary announcement to dissolve CAHEA was made by the American Medical Association.

1994

The 38th House of Delegates passed a Bylaws amendment requiring members of the Board of Trustees to be AAMA Certified Medical Assistants (CMAs) holding current status.

The official dissolution of the Committee on Allied Health Education and Accreditation was announced by the American Medical Association. The Curriculum Review Board and AAMA Endowment voted to affiliate with the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

The AAMA Endowment established the Surveyor Training Fund.

1995

The eligibility pathway for candidates of the AAMA Certification Examination was changed to require graduation from a CAAHEP accredited medical assisting program effective February 1, 1998.

1996

On June 25 the American Medical Association House of Delegates (HOD) granted AAMA Official Observer Status to the HOD.

The Board of Trustees (BOT) approved plans to establish a website at www.aama-ntl.org.

The National Board of Medical Examiners completed the 1996 *Occupational Analysis on Medical Assisting*.

1997

The *Role Delineation Study* was completed and replaced the previous DACUM (Developing a Curriculum) Study.

Approximately 13,000 candidates sat for the Certification Exam, a record number since its inception in 1963.

1998

The Advanced Practice Document was implemented for advance CE Sessions.

AAMA held a Content-Based Standard Setting Exercise requested by the National Board of Medical Examiners.

1999

The Certifying Board established mandatory recertification as follows: "Beginning January 1, 2003, all CMAs employed or seeking employment as medical assistants *must* have current status in order to use the CMA credential in connection with employment."

The Board of Trustees approved the Disciplinary Standards and Procedures for Certified Medical Assistants.

2000

There were more than 470 CAAHEP-accredited medical assisting programs in 450 institutions across the United States.

2001

Partial autonomy for the Curriculum Review Board was approved.

2002

The name of the official publication, *PMA*, was changed to *CMA Today*.

A CMA pin journeyed into space on board a NASA shuttle.

2003

A third administration of the AAMA CMA Certification/Recertification Examination was established for October.

Health care provider level CPR was determined for mandatory for CMA recertification, effective January 2005.

2004

Partial autonomy for the Certifying Board was approved.

The *Advanced Practice of Medical Assisting* was edited by the Continuing Education Board.

2005

The new Vision Statement was approved by the BOT: The vision of the American Association of Medical Assistants is to increase recognition of Certified Medical Assistants as the premier choice in the Allied Health Professions.

2006

The AAMA held its 50th Annual Convention in Milwaukee, home to the association's charter meeting in 1956.

The Keynote Speaker was AAMA Founding Member Alice Budny, AAMA President (1963). Fifteen AAMA Past Presidents were introduced to the 50th House of Delegates. AAMA Founding Members Roberta Antrim, CMA-AC, MHR, and Sylvia Klotz, CMA-C, also were presented to the House of Delegates.

A slide presentation of the past 50 years of AAMA activities was prepared and presented by Mary Lou Allison, CMA-C, AAMA Past President (1992).

2007

AAMA successfully defended "Certified Medical Assistant®" trademark registration in a lawsuit brought by American Medical Technologists (AMT).

The annual meeting name was officially changed from convention to conference.

The contract with the American Academy of Professional Coders was renewed for five years.

The Telemedicine Task Force was appointed to investigate the possibility and/or feasibility of integrating CMAs into a federal program that renders care via telemedicine to remote Inuit villages in Alaska.

Funds were allocated for the AAMA President and Vice President to represent AAMA at the annual meeting of the Professional Association of Health Care Office Management.

The Surveyor Training Fund was renamed the Ivy Reade Relkin Surveyor Training Fund.

2008

Effective January 1, 2008, the credential changed from Certified Medical Assistant or CMA to Certified Medical Assistant (AAMA) or CMA (AAMA).

The Curriculum Review Board of the AAMA Endowment was officially renamed the Medical Assisting Education Review Board.

The 2003 AAMA Role Delineation Study: Occupational Analysis of the Medical Assisting Profession was updated to the 2007–2008 Occupational Analysis of the CMA (AAMA) and published in April 2008.

The Oklahoma Medical Assistants Society reorganized and submitted bylaws. At the 2008 Annual Conference, the state society received a new charter.

The Annual Conference was shortened by one day.

The February 2008 meeting of the AAMA Board of Trustees was held in Albuquerque, N.M., and the June 2008 meeting was held in Cincinnati.

The President, Vice President, and Speaker of the House represented the AAMA as exhibitors at the 2008 annual meeting of the Professional Association of Health Care Office Management.

The *Advanced Practice of Medical Assisting* (2004) was revised by the Continuing Education Board.

2009

Computer-based testing for the CMA (AAMA) Certification/Recertification Examination began January 5, 2009.

The Telemedicine Task Force was dissolved.

The President and Vice President were authorized to represent AAMA as exhibitors at the 2009 annual meeting of the Professional Association of Health Care Office Management.

Local temporary workers were used to staff CE sessions at the Annual Conference.

CE sessions were authorized to be added on Saturdays of the Annual Conference.

Eliminated the responsibility of the Conference Chair and Committee to find entertainment for the Cocktail reception

The planned tours for the Annual Conference were eliminated.

The Maxine Williams Scholarship application was revised.

Executive Director Donald A. Balasa, JD, MBA, represented the AAMA at the December 2008 Conference on Practice Improvement: Blueprint for the Medical Home, sponsored by the American Academy of Family Physicians and the Society of Teachers of Family Medicine in Savannah, Ga.

AAMA joined the Patient-Centered Primary Care Collaboration (PCPCC).

Executive Director Balasa participated in a webinar titled "Patient-Centered Medical Home (PCMH)—What is it? Why is it important to employers?"

Executive Director Balasa attended the PCPCC stakeholders' working group meeting, "Public and Private Initiatives: Advancing the Patient-Centered Medical Home" in Washington, D.C.

Legal Counsel Balasa's Public Affairs articles from past issues of *CMA Today* and a link to the new scope of practice were posted on the website of the American College of Physicians.

Executive Director Balasa's article titled "The CMA (AAMA): An Invaluable Asset for the Practice Office" was posted on the American Academy of Pediatrics "Practice Management Online (PMO)" section of its website.

Scope of Practice information was posted on the AAMA website under the Employers section.

Executive Director Balasa served on a task force to revise the ASRT Limited X-Ray Machine Operator (LXMO) Curriculum as a result of his involvement with the Alliance for Quality Medical Imaging and Radiation Therapy.

Executive Director Balasa and Speaker of the House Betty Springer, CMA-C (AAMA), drafted a letter to the American Association of Retired Persons about the important role of the CMA (AAMA) in providing affordable and accessible health care for all Americans, including seniors.

AAMA Past President Cheryl Vineyard corrected inaccurate representation of CMAs (AAMA) in a previous issue of the *Health Care Careers* e-Letter.

The Continuing Education Board celebrated the release of the new e-Learning Center, which offers constant online access to continuing education.

2010

The BOT completed their third year of traveling meetings. The February 2010 BOT meeting took place in Orlando, Fla. The June 2010 meeting was held in Richmond, Va.

Executive Director Balasa analyzed “The increasing role for the medical assistants in small primary care physician practice: Key issues and policy implications” from the Center for the Health Professions at the University of California, San Francisco.

Executive Director Balasa represented the AAMA on an April 27 conference call of the Alliance for Quality Medical Imaging and Radiation Therapy, supporting the CARE (Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy) Bill as it moved through the legislative process.

Legal Counsel Balasa copresented “The New Haven Firefighter Decision: What Impact Will It Have?” at the April 2010 Annual Association Law Symposium in Chicago.

The March/April issue of *CMA Today* was printed on a 30 percent post-consumer waste sheet as part of AAMA’s initiative to help protect the environment.

Legal Counsel Balasa responded to right-to-practice questions and issues from 14 states either via phone, phone conference, or e-mail.

The BOT established a technology reserve fund to upgrade database software, redesign the website, and enable e-business functionality.

The BOT granted AAMA affiliation to the Hawaii State Society.

AAMA logo apparel and gear to brand the AAMA became available through mail order.

The BOT approved the development of a social media plan. The AAMA launched a Facebook page in September 2010, and reached 5,000 group members in March 2011.

Executive Director Balasa assisted the American Medical Association Council on Ethical and Judicial Affairs in updating and modernizing the *Code of Medical Ethics in American Medical Associations*.

Executive Director Balasa attended the Patient-Centered Primary Care Collaboration stakeholders’ working group meeting “The PCMH in the Community” on July 22 in Washington, D.C.

The National Benefits and Financial Services Administration became the new group insurance vendor for AAMA members.

President Boni Bruntz, CMA-A (AAMA), Immediate Past President Kathryn Panagiotacos, CMA (AAMA), and Vice President Betty Springer, CMA (AMMA) attended the September 2010 annual Professional Association of Health Care Office Management conference as exhibitors.

In August 2010 Executive Director Balasa’s *Legal Eye: On Medical Assisting* blog launched.

2011

The AAMA staff was empowered to participate, recommend, and lead project processes as co-leaders with the BOT group chairs and managers. The AAMA staff proved to be excellent partners on projects, bringing their historical knowledge and abilities to the teams.

The BOT completed its fourth year of the *Traveling BOT*. The June 2011 meeting was held in Renton, Wash.

Advancing Technology:

- Continuing Education Board held a LiveMeeting—replacing one face-to-face meeting each year and allowing added meetings as needed.
- The e-Learning Center recouped initial cost and became self-sustaining in providing AAMA CEUs to members.
- Rapid and relevant communications exceeds all expectations:
 - AAMA on Facebook—Open exchange of information and hot topics between members
 - *Legal Eye: On Medical Assisting*—Executive Director Balasa’s official blog
 - AAMA e-Update—Monthly e-newsletter sent to members and subscribers

New AAMA Mission Statement was approved:

The mission of the American Association of Medical Assistants is to provide the medical assistant professional with education, certification, credential acknowledgement, networking opportunities, scope-of-practice protection, and advocacy for quality, patient-centered, health care.

Definition of Medical Assistant was approved:

Medical assistants are multi-skilled members of the health care team who perform administrative and clinical procedures under the supervision of licensed health care providers.

CMA (AAMA) Core Values were developed and approved:

Actively participate in the delivery of quality health care.

Promote patient safety and well-being.

Contribute to a positive health care experience for patients.

Demonstrate integrity and respect, and protect patient confidentiality.

Advocate the essential value of certification and continuing education.

Embrace change, growth, and learning.

The 2011 Salary Survey was completed and published.

The “Who I Am Makes a Difference” program was presented. This “pay it forward” program proved to engage both seasoned medical assistants and students in acknowledging someone who has made a difference in the member’s life.

The American Academy of Pediatrics (AAP) published the *Immunization Training Guide & Practice Procedure Manual*. One of the authors of this publication is AAMA Past President Cheryl Vineyard, CMA (AAMA), CPC. The AAP and the AAMA began discussion about how this joint endeavor can be publicized and promoted.

The AAMA was represented at the Professional Association of Health Care Office Management annual conference in September 2011. Immediate Past President Boni Bruntz, CMA-A (AAMA), and Vice President Ann Naegele, CMA (AAMA), served as exhibitors.

Executive Director Balasa represented the AAMA at several professional organization meetings, including the following:

- Health Professions Network (HPN)
- Institutes of Medicine (IOM) *Workshop on the Allied Health Workforce*
- American Academy of Family Physicians *Practice Improvement Conference*
- Alliance for Quality Medical Imaging and Radiation Therapy
- American Society of Association Executives Legal Section Council
- Institute for Credentialing Excellence
- National Commission for Certifying Agencies
- American Medical Association (AMA) Annual Meeting

Executive Director Balasa assisted 12 state societies with ongoing protection and expansion of their scope of practice within their individual states.

Past National Presidents

1957	**Maxine Williams, CMA-A (AAMA)	Kansas	1985	Ivy Reade <i>Relkin</i> , CMA-AC (AAMA), BSEd	New York
1958	Mary E. Kinn, CMA-A (AAMA), CPS	California	1986	*Margaret Corcoran, CMA-AC (AAMA)	New Jersey
1959	*Lucille T. Swearingen	Oklahoma	1987	Josephine M. Estrada, RN, CMA-AC (AAMA)	Texas
1960	*Marian Little	Iowa	1988	Ann M. Jordana, CMA-AC (AAMA), RT	Florida
1961	Bettye Fisher <i>Baldwin</i>	Indiana	1989	Barbara E. Parker, CMA-AC (AAMA), CCS-P	Washington
1962	*Lillie Woods	California	1990	Juanita M. Blocker, CMA-C (AAMA), LPN	Alabama
1963	Alice F. Budny	Wisconsin	1991	Jean E. Keenon, MAEd, CMA-A (AAMA)	Alabama
1964	Judy Coleman, CMA-AC (AAMA)	Texas	1992	Mary Lou Allison, CMA-C (AAMA)	Florida
1965	*Rose M. Merritt	Georgia	1993	Janice C. Caplan, CMA-A (AAMA)	New York
1966	*Marge Slaymaker	Kansas	1994	Geneva H. Straughan, MBA, CMA-A (AAMA)	Texas
1967	Elvera M. Fischer, RN, CMA-C (AAMA)	Illinois	1995	Cheryl A. Vineyard, CMA (AAMA), CPC, BUS	New Mexico
1968	Margaret Swank <i>Webber</i> , CMA-C (AAMA)	Ohio	1996	Ima L. Backstrom, CMA (AAMA)	Arizona
1969	*Mildred R. Crawford, CMA-AC (AAMA)	Texas	1997	Carol S. Clapp, CMA (AAMA), EMT, CPC	Tennessee
1970	*Ruth H. Dize	Virginia	1998	Norma J. Parker, CMA (AAMA)	Nebraska
1971	*Marie Young	Indiana	1999	Glenda C. Cartee, CMA (AAMA)	South Carolina
1972	*Helen Stephens	Utah	2000	Joyce Y. Nakano, CMA-A (AAMA), BA	California
1973	Elisabeth Massey, CMA-AC (AAMA)	California	2001	Mary L. Dey, CMA-AC (AAMA)	Michigan
1974	Marian G. Cooper, CMA-C (AAMA)	Pennsylvania	2002	Julianna S. Drumheller, CMA (AAMA)	Virginia
1975	Betty Lou Willey, CMA-AC (AAMA)	Michigan	2003	Luella F. Wetherbee, CMA (AAMA), CPC	Idaho
1976	Laura Lockhart <i>Haynes</i> , CMA-AC (AAMA)	Ohio	2004	Theresa A. Rieger, CMA (AAMA), CPC	Oklahoma
1977	Joan C. Michaels, CMA-A (AAMA)	North Carolina	2005	Lee F. Damon, CMA (AAMA)	New York
1978	*Jeanne Green <i>Bloom</i> , CMA-A (AAMA)	Iowa	2006	Mary C. Dyer, CMA-A (AAMA)	Texas
1979	*Wini A. Schwartz, CMA-AC (AAMA)	California	2007	Rebecca L. Walker, CMA (AAMA), CPC	North Carolina
1980	*Jean Mobley, CMA-AC (AAMA)	Texas	2008	Linda A. Brown	New Jersey
1981	Dot M. Sellars, CMA-A (AAMA)	Virginia	2009	Kathryn Panagiotacos, CMA (AAMA)	Florida
1982	Mabel Ann Veech, CMA-A (AAMA)	Florida	2010	Boni Bruntz, CMA-A (AAMA)	Colorado
1983	*Betty J. Mays, CMA-A (AAMA)	Arizona	2011	Betty Springer, CMA-C (AAMA)	Florida
1984	Janet M. Hensinger <i>Connell</i> , CMA-A (AAMA)	Kentucky			

*Indicates deceased.

**Maxine Williams, CMA-A (AAMA) and *Carmen Kline, CMA-A (AAMA), co-chaired the founding meeting of the AAMA in 1955.

Note: *Italics indicate name changes after presidency. Also, the state in which the person resided at the time of presidency is indicated.*

Life Members

1967	Mary E. Kinn, CMA-A (AAMA), CPS		1995	Josephine M. Estrada, RN, CMA-AC (AAMA)	
1976	*Maxine Williams, CMA-A (AAMA)		1996	Jean E. Keenon, MAEd, CMA-A (AAMA)	
1976	*Carmen Kline, CMA-A (AAMA)		2000	Crystal Coleman, CMA-AC (AAMA)	
1981	Marian G. Cooper, CMA-C (AAMA)		2003	Ann M. Jordana, CMA-AC (AAMA), RT	
1982	*Mildred R. Crawford, CMA-AC (AAMA)		2005	Glenda C. Cartee, CMA (AAMA)	
1983	*Lucille Swearingen		2006	Mary Lou Allison, CMA-C (AAMA)	
1992	Laura Lockhart <i>Haynes</i> , CMA-AC (AAMA)		2009	Janice C. Caplan, CMA-A (AAMA)	
1993	Ivy Reade <i>Relkin</i> , CMA-AC (AAMA), BSEd		2011	Luella F. Wetherbee, CMA (AAMA), CPC	

*Indicates deceased.

Note: *Italics indicate name changes after presidency.*

AAMA Annual Conferences

1957	1st	San Francisco	1985	29th	Lexington, Ky.
1958	2nd	Chicago	1986	30th	Chicago
1959	3rd	Philadelphia	1987	31st	Chicago
1960	4th	Reno, Nev.	1988	32nd	Richmond, Va.
1961	5th	Dallas	1989	33rd	Charleston, S.C.
1962	6th	Detroit	1990	34th	Los Angeles
1963	7th	Miami Beach, Fla.	1991	35th	Pittsburgh
1964	8th	Oklahoma City	1992	36th	Seattle
1965	9th	New York City	1993	37th	Indianapolis
1966	10th	St. Louis	1994	38th	Orlando, Fla.
1967	11th	Los Angeles	1995	39th	San Antonio
1968	12th	Columbus, Ohio	1996	40th	Philadelphia
1969	13th	Honolulu	1997	41st	Minneapolis
1970	14th	Des Moines, Iowa	1998	42nd	Columbus, Ohio
1971	15th	Atlanta	1999	43rd	Nashville, Tenn.
1972	16th	Phoenix	2000	44th	Albuquerque, N.M.
1973	17th	Washington, D.C.	2001	45th	Buffalo, N.Y.
1974	18th	Denver	2002	46th	Portland, Ore.
1975	19th	Louisville, Ky.	2003	47th	Detroit
1976	20th	Chicago	2004	48th	Greensboro, N.C.
1977	21st	San Francisco	2005	49th	Colorado Springs, Colo.
1978	22nd	Boston	2006	50th	Milwaukee
1979	23rd	New Orleans	2007	51st	Louisville, Ky.
1980	24th	Kansas City, Kan.	2008	52nd	Chicago
1981	25th	Milwaukee	2009	53rd	Houston
1982	26th	Houston	2010	54th	Lake Buena Vista, Fla.
1983	27th	New York City	2011	55th	Indianapolis
1984	28th	Portland, Ore.			



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