

Attestation Form

Category 4—Alternative Pathway: Medical Assisting Program
For the CMA (AAMA) Certification Exam



I. Attestation for Program Requirements (Required)

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:

***IMPORTANT* If any box is not checked, the application will be denied.**

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

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

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

Anatomy and physiology

Infection control

Pharmacology

Applied mathematics (including dosage calculations and metric conversions)

Name: _____

Title: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

II. Attestation for Clinical Competence (Required)

To be completed and signed by an individual who can verify the successful performance of clinical skills. Verification may be given by a current employer, medical assisting dean/program director/educator, externship coordinator, clinical site leader, director of education, registrar, or other academic member with direct knowledge of clinical skill performance.

I hereby attest to _____'s demonstrated competency in:

***IMPORTANT* If any box is not checked, the application will be denied.**

Intramuscular injections

Intradermal injections

Subcutaneous injections

Phlebotomy

Name: _____

Title: _____

Phone: _____

Email: _____

Company Name: _____

Signature: _____

Date: _____

III. Attestation for Medical Assisting Experience (Required ONLY if externship is not included in the medical assisting program)

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

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

Name: _____

Title: _____

Phone: _____

Email: _____

Company Name: _____

Signature: _____

Date: _____

