



Attestation Form

*Category 5—Medical Assisting Educator Pathway
For the CMA (AAMA) Certification Exam*

This form is to be completed and signed by the candidate's immediate supervisor.

I hereby attest that _____ has been employed in a teaching and/or program director position for a minimum of 1,000 hours in a post-secondary medical assisting program which is part of an institution accredited by an accrediting body recognized by either the United States Department of Education (USDE) or the Council for Higher Education Accreditation (CHEA).

Name: _____ Title: _____

Phone: _____ Email: _____

Organization Name: _____

Signature: _____ Date: _____



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