The Assessment-Based Recognition in Order Entry (ABR-OE) indicates that the holder meets the requirements of the definition of “credentialed medical assistants” under the Centers for Medicare & Medicaid Services (CMS) rule for the Medicaid Electronic Health Record (EHR) Incentive Program.

Eligibility and application policies
Those who are students in, or graduates of, a CAAHEP or ABHES accredited medical assisting program are not eligible to participate in the Assessment-Based Recognition in Order Entry (ABR-OE) program. Also, those who at any point in time have held the CMA (AAMA) credential (or its predecessor credential, CMA) are not eligible for the ABR-OE.

The ABR-OE is granted by the Continuing Education Board of the American Association of Medical Assistants (AAMA) to applicants who meet the following eligibility criteria and submit the required documentation accompanied with the completed application:

☐ Letter of documentation
  Renewing applicants need not include this documentation (see Renewal Policies below). For initial applicants, the following documentation must be attested to on corporate letterhead and signed by the applicant’s current licensed health care supervisor:

  Knowledge areas. Provide a statement of verification of the applicant’s knowledge in the following areas:

  I hereby attest to the applicant’s proficiency in EHR order entry as demonstrated by the applicant’s knowledge in the following areas:
  - Anatomy and physiology
  - Basic laboratory values
  - Critical thinking
  - Electronic health records
  - Health Information Portability and Accountability Act (HIPAA)
  - Medical terminology
  - Pharmacology

  Employment experience. Provide a statement of verification that the applicant has been employed for a minimum of 24 months during the last 36 months in a health care facility under the supervision of a licensed health care provider.

☐ Supervisor credentials
  Renewing applicants need not include this documentation (see Renewal Policies below). For initial applicants, provide a copy of the license of the attesting health care supervisor.

☐ Continuing education
  An applicant must successfully complete (including receiving a passing score on the post-tests) the AAMA continuing education unit (CEU) courses listed under “Assessment-Based Recognition in Order Entry Qualifying Courses” in the e-Learning Center (e-LC).

  Register for the courses on the e-LC at https://learning.aama-ntl.org.

☐ Application and fee
  The new or renewing applicant must include the completed application and payment.

Expiration policy
A letter indicating that an applicant has been granted the ABR-OE will be issued to the successful new or renewing applicant and will expire 24 months from the date awarded by the AAMA.

Usage policy
The ABR-OE is an official recognition of the holder’s qualifications to enter medication, laboratory, and diagnostic imaging orders into the EHR under the CMS rule and is based on an assessment of the holder’s knowledge and experience. Holders of this ABR-OE can refer to themselves as having an assessment-based recognition in order entry that meets the CMS definition of “credentialed medical assistant,” but are not permitted to use any suffixes or initials after their names in reference to this recognition program.

Renewal Policies
The following policies apply to all renewals:

- Renewing ABR-OE holders will not be required to submit a verification letter from their employers.
- Renewing ABR-OE holders who have let their recognition lapse will be required to pay an additional $50 fee to renew.
- The date of the renewal is 24 months from the date of the initial recognition or the most recent renewal. If the ABR-OE holder chooses to renew early, the next renewal date will be 24 months from that early date. Renewing ABR-OE holders may renew up to 90 days prior to their expiration date.
- No refunds will be allowed for new applications and renewals.
Assessment-Based Recognition in Order Entry

Instructions
1. Neatly print the information (in black or blue ink).
2. Include the nonrefundable application fee of $25 (and $50 late fee, if applicable). Applications without payment will be returned.
3. Include supporting documentation (initial applicants only). Applications without complete documentation will be returned.
4. Keep a copy of all materials for your records.

Payment
Enclosed is my application fee. (Check payment amount and method):

- Initial or renewing application .......................$25
- Additional fee for late renewing application ...$50
- Money order/Cashier’s/certified check #: _______

Make payable to the AAMA.

Do not send personal checks. Applications that do not include proper payment may be returned. A $25 administrative fee will be assessed for returned checks, chargebacks, or declined charge payments.

The application fee is nonrefundable and nontransferable.

Submission requirements
The following items must be enclosed:

- Completed application
- Letter of documentation (initial applicants only)
  - Knowledge areas
  - Work experience
- Photocopy of supervisor’s license (initial applicants only)
- Application fee

Mail supporting documentation (initial applicants only), completed application, and payment to:

AAMA Continuing Education Dept.
Attention: ABR-OE
20 N. Wacker Dr., Ste. 1575
Chicago, IL  60606

E-mail: ContinuingEducation@aama-ntl.org
Phone: 800/228-2262, ext. 774
Website: http://www.aama-ntl.org

Allow 60 days for the application to be reviewed and processed.

Application Agreement
By virtue of submitting this application for the Assessment-Based Recognition in order entry, I verify the following:

- I am not a student in, or graduate of, a CAAHEP or ABHES medical assisting program. (CAAHEP/ABHES students and graduates are not eligible for the ABR-OE.)
- I have successfully completed the five required e-LC courses.

Members—AAMA ID number: __________________________
Nonmembers—Last four digits of SSN: ________________
Last name: __________________________________________
First name: __________________________________________
Middle name/initial: _________________________________
Address line 1: _______________________________________
Address line 2: _______________________________________
City: _______________________________________________
State: ______________________________________________
ZIP code + 4: ____________________________ - __________
Home phone: ( _____ ) ______-__________
Cell phone: ( _____ ) ______-__________
Work phone: ( _____ ) ______-__________ Ext.: _______
E-mail: ____________________________________________
Previous last name (if applicable): _______________________