



# Assessment-Based Recognition in Order Entry

For initial and renewing applicants

CMA (AAMA) do not need the ABR-OE. The CMA (AAMA) credential meets the CMS “credentialed medical assistant” requirement because CMA (AAMA) education, training, and testing include electronic order entry. Therefore, the ABR-OE is not granted to CMAs (AAMA).

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.

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# APPLICATION

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## 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.

## Applicant Agreement

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

I have read and understood the requirements and policies regarding the submission of this application, including fee and refund policy. I also agree that if any part of this application be fraudulent or materially false, it will result in forfeiture of all fees and/or rights obtained as a result of this application. Information on this form may be used for statistical, research, and member recruitment purposes; access thereto will be under the direction of the AAMA Continuing Education Board.

- 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): \_\_\_\_\_

## 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.*



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