



Attestation Form

For the CMA (AAMA)® Certification Exam Eligibility Pilot Program

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 (please check all that apply):

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

Included 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

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

Included anatomy and physiology in the curriculum

Included infection control in the curriculum

Included pharmacology in the curriculum

Included applied mathematics in the curriculum (including dosage calculations and metric conversions)

Name: _____ Title: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

II. Attestation for Application of Knowledge (Required)

(To be completed and signed by the medical assisting program director, medical assisting faculty, externship coordinator, clinical site lead, or current employer)

I hereby attest to _____'s (please check all that apply):

Successful preparation and administration of a total of at least 10 intramuscular, intradermal, and subcutaneous injections in any combination

Successful performance of phlebotomy a minimum of 10 times

Injection and phlebotomy must be performed successfully a sufficient number of times to demonstrate clinical competence and reasonably ensure practices that meet or exceed the current standard of care.

Name: _____ Title: _____

Phone: _____ Email: _____

Company Name: _____

Signature: _____ Date: _____

III. Attestation for Medical Assisting Experience

(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: _____

