



Request for Waiver Form

A publication of the Certifying Board of the
American Association of Medical Assistants®

Instructions: Read and complete this form. Mail, fax, or email the required documentation by the appropriate postmark deadline with your application for the CMA (AAMA)® Certification Exam:

Mail: AAMA Certification
Attn: Katie Gottwaldt
20 N. Wacker Dr., Ste. 3720
Chicago, IL 60606

Fax: 312/899-1259

Email: CMAExam@aama-ntl.org

Subject Line: CMA (AAMA) Waiver Documentation

Check the box(es) below that apply:

- I have been found guilty of a felony or have pleaded guilty to a felony.
- I have had a professional license, registration, or certification denied, revoked, suspended, or subjected to probationary conditions by a regulatory authority or certification board.
- I am a current CMA (AAMA).*

**The CMA (AAMA) must complete this waiver if convicted of or if they have pleaded guilty to a felony. The conviction or guilty plea could result in disciplinary action against the CMA (AAMA), such as temporary or permanent revocation. Refer to [AAMA Code of Conduct and Disciplinary Standards and Procedures for CMAs \(AAMA\) and Exam Candidates](#).*

To approve a waiver request, the following is mandatory:

1. Completion of required sentence resulting from any felony conviction or plea of guilt; or
2. Completion of any sanctions resulting from adverse action that was taken against a professional credential.

Any and all drug-related convictions may render the candidate ineligible for waiver.

Required Documentation

1. A written explanation of the events regarding the incident(s) requiring a checked box or boxes above. This should include any special circumstances (such

as age of the applicant at the time of the incident[s]) as well as any life changes since the the conviction or guilty plea;

2. Copies of official documentation related to the incident(s), including police reports showing the initial charge(s), court documentation outlining sentencing requirements, or documentation showing how the case was resolved (e.g., dismissed, pretrial program);
3. Any additional information or documentation regarding remedial measures imposed by the court, including a letter from the parole or probation officer confirming successful completion of parole or probation requirements (or current status if not yet completed) or a letter confirming successful completion of chemical dependence treatment;
4. Any documentation of a waiver by a government agency or other entity that was granted after the incident(s);
5. Evidence that the sentence was completed and all court fines (if applicable) were paid; and
6. At least two written references by individuals—other than your family and friends—such as current or past employers, counselors, educators, probation officers, or clergy, who will attest to your rehabilitation and that you will not be a threat to patients, employers, or any other persons.

Adverse action taken against a professional credential, a felony conviction or guilty plea does not automatically disqualify an individual from being eligible to sit for the CMA (AAMA) Certification Exam. The Certification Department of the American Association of Medical Assistants (AAMA) will review the information submitted on an individual basis and determine whether the incident(s) has a direct relationship to a potential violation(s) of the AAMA Code of Conduct for CMAs (AAMA) and Exam Candidates. If a direct relationship is found, the Certifying Board of the AAMA may impose sanctions, including barring a candidate from becoming certified by the Certifying Board either indefinitely or for a designated period. For details, read [AAMA Code of Conduct and Disciplinary Standards and Procedures for CMAs \(AAMA\) and Exam Candidates](#).

This waiver, if granted, is subject to review and modification and/or retraction if the applicant experiences any additional violations including criminal conviction(s) and guilty plea(s). Applicants are obligated to immediately report such conviction(s), pleas, or conduct to the Certification Department. Failure to do so will result in a re-evaluation and modification and/or retraction of any previously granted felony waiver.

The policies of the Certifying Board are subject to change without notice.

The documentation I am submitting with this form and my application for initial certification or recertification attests to my rehabilitation and that I will not be a threat to patients, employers, or any other persons, and therefore should be eligible to become a CMA (AAMA) or recertify my CMA (AAMA) credential.

I have read and agree to the terms outlined in this form and am submitting it with the required documentation:

_____ Signature

Full Name (If submitting a handwritten form, print name)

Date: _____ Day Phone: _____

Email: _____

Member—AAMA ID Number: _____

Nonmember—Last Four Digits of Social Security Number: _____

Address: _____

Date of Commission of Felony: _____