



# CMA (AAMA)<sup>®</sup> Grievance Investigation Procedure

*A publication of the Certifying Board of the American Association of Medical Assistants<sup>®</sup>*

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## I. Grievance

The Certifying Board (CB) of the American Association of Medical Assistants (AAMA) requires that a medical assistant awarded the CMA (AAMA)<sup>®</sup> credential uphold and abide by the standards outlined in [AAMA Code of Conduct and Disciplinary Standards and Procedures for CMAs \(AAMA\) and Exam Candidates](#). In the event that a CMA (AAMA) or previous recipient of the CMA (AAMA) credential violates any of these values and standards, an individual or organization may report the violation(s) using the CMA (AAMA) Grievance Investigation Form.

The CMA (AAMA) grievance procedure does not apply to personal issues or any matters outside the scope of the AAMA Code of Conduct and Disciplinary Standards and Procedures for CMAs (AAMA) and Exam Candidates.

A formal grievance must be in writing using the CMA (AAMA) Grievance Investigation Form. Verbal grievances are not acted on.

Name(s) of the person filing a grievance, the name of the individual being investigated, and circumstances and documentation of the grievance are stored securely. Confidentiality is safeguarded. The name of the grievant is required but will not be released to the individual being investigated unless the law requires the grievant's identity to be disclosed. All parties to the grievance against a CMA (AAMA) shall be informed of the completion of the grievance review process and the outcome.

## II. Certifying Board Grievance Investigation Panel

The AAMA Director of Certification may forward a grievance to the Grievance Investigation Panel. This panel consists of the CB Chair, the CB First Vice Chair, and the CB Second Vice Chair. The Grievance Investigation Panel has the authority to make a final judgment.

## III. Procedure

A. Once the completed CMA (AAMA) Grievance Investigation Form is received, the AAMA Director of Certification will respond within five working days acknowledging receipt of the investigation request. If the grievance is outside the scope or authority of the CB, the letter will advise that no action will be taken. If applicable, the grievance may be forwarded to another AAMA department.

B. Within 15 working days after receiving a written grievance, a letter will be sent to the subject advising them of the grievance against them with details of the allegation, contact information, and notification of a 15 working day time limit for a written rebuttal.

C. Within 15 working days of receipt of the written rebuttal, the AAMA Director of Certification will send a written response to the subject and the individual who filed the grievance informing them of the

action(s) to be taken. Actions may include the following:

- Possible sanctions listed in the disciplinary standards section of *AAMA Code of Conduct and Disciplinary Standards and Procedures for CMAs (AAMA) and Exam Candidates*
- Dismissal of allegations
- Referral to the Grievance Investigation Panel

D. If the matter is referred to the Grievance Investigation Panel, the panel will render a decision within 15 working days of the AAMA Director of Certification's written notification, which will include all documentation pertaining to the investigation. The decision of the Grievance Investigation Panel will be provided in writing within 15 working days to the subject of—and the individual who filed—the grievance.

E. If the subject does not agree with the action taken by the AAMA Director of Certification or the decision of the Grievance Investigation Panel, the subject may request an appeal by submitting a completed Appeal Request Form. The appeal request will be submitted to the Appeals Request Panel, whose members will be appointed by the CB Chair.

#### **IV. Timeliness**

After initial filing of a grievance, processing at each step will not exceed 15 working days. However, a response may require an extension if the grievance is complex in nature and it may be necessary to extend the timescale by agreement with the Grievance Investigation Panel.

A grievance should be filed as soon as the action in question is identified. Grievances filed more than one year from the action or decision in question will not be considered. All communication from all parties must be in writing.



# CMA (AAMA)<sup>®</sup> Grievance Investigation Form

The Certifying Board (CB) of the AAMA requires a medical assistant awarded the CMA (AAMA)<sup>®</sup> credential to uphold and abide by the standards outlined in *AAMA Code of Conduct and Disciplinary Standards and Procedures for CMAs (AAMA) and Exam Candidates*. In the event that a CMA (AAMA) or previous recipient of the CMA (AAMA) credential violates any of these values and standards, an individual or organization may report the violation(s) using this form.

Correspondence regarding a complaint must be factually accurate and must not relate to personal issues or matters outside the scope of the AAMA Code of Conduct and Disciplinary Standards and Procedures for CMAs (AAMA) and Exam Candidates.

Review the CMA (AAMA) grievance investigation procedure before filing a grievance. Provide all applicable information. You may exceed the pages of this form.

All materials received in connection with this report are the property of the AAMA Certification Department and will remain confidential. The name of the individual filing a grievance will remain confidential unless the CB or AAMA staff is required by law to release confidential information.

## Information About the Medical Assistant Reported For Grievance

\_\_\_\_\_  
Name of Person Being Reported for Grievance

\_\_\_\_\_  
CMA (AAMA) Certification Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## Grievance Information

Nature of Grievance:

- |  |   |
|--|---|
| <input type="checkbox"/> A pattern of negligent conduct                            | <input type="checkbox"/> Prescription fraud                   |
| <input type="checkbox"/> Inappropriate use or display of the CMA (AAMA) credential | <input type="checkbox"/> Practicing while ability is impaired |
| <input type="checkbox"/> Unprofessional conduct                                    | <input type="checkbox"/> Other ( <i>list</i> ) _____          |

Date(s) of Incident: \_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_

Is there an immediate threat to public safety? \_\_\_\_\_

Identify any direct injury, loss, or damage resulting from the incident(s): \_\_\_\_\_

Describe the relevant facts and details surrounding the grievance:

Provide the name/address/phone number of witnesses or persons able to corroborate the grievance:

## Complainant Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Credential (If Applicable)

\_\_\_\_\_  
Certification/Licensure Number (If Applicable)

What is your relationship to the person about whom you are filling this grievance?

- |  |  |
|--|--|
| <input type="checkbox"/> Online acquaintances  | <input type="checkbox"/> Family member                         |
| <input type="checkbox"/> Coworkers/Professional acquaintances ( <i>past or current</i> ) | <input type="checkbox"/> Ex-partner/Ex-spouse                  |
| <input type="checkbox"/> Patient/Family member of patient                                | <input type="checkbox"/> Other ( <i>please explain</i> ) _____ |
| <input type="checkbox"/> Student/Educator  |  |

Have you attempted to discuss and/or resolve the grievance with the individual most directly involved? If so, what was the outcome?

I have read the above, and it is true to the best of my knowledge:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed form by mail or email:

AAMA Certification  
Attn: Katie Gottwaldt  
20 N. Wacker Dr., Ste. 1575  
Chicago, IL 60606

[KGottwaldt@aama-ntl.org](mailto:KGottwaldt@aama-ntl.org)



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