Client Information Form

Medical Institution
Name: 
Address: 
Day Phone: Fax: Email: 

Contact Person
Name/Title: 
Address: 
Day Phone: Fax: Email: 

Medical Assisting Staff Information: We’d like to know more about your medical institution and staffing needs. Please fill out the following sections, answering for only medical assisting staff.

Total Medical Assisting Staff: 
Employee Benefits:

Job Description: ☐ Yes ☐ No

Description: 
Employee Qualification Requirements:

Education: ☐ Yes ☐ No

Additional Training (e.g., Basic Life Support [BLS] Certification): ☐ Yes ☐ No

Credential ☐ Yes ☐ No

Credential Preference (e.g., CMA (AAMA), RMA(AMT)): _____________________________

Other
How the AAMA can support your medical institution as it relates to medical assistants:

Questions?
Questions you have for us:

Send the completed form:
By email: AdvisoryTaskForce@aama-ntl.org
By mail:
American Association of Medical Assistants
Attn: Advisory Task Force
20 N. Wacker Dr., Ste. 1575
Chicago, IL 60606