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## The CMA (AAMA)<sup>®</sup> Certification Exam Eligibility Pilot Program Criteria and rationale for the three-year pilot study

The Certifying Board (CB) of the American Association of Medical Assistants<sup>®</sup> (AAMA) has approved the launch of a three-year eligibility pilot program, which opens a new education pathway for medical assistants to become eligible to sit for the CMA (AAMA)<sup>®</sup> Certification Exam.

### Eligibility Pilot Program criteria

In order to be eligible for this education pathway, candidates must have graduated from a postsecondary (college-level) medical assisting program that meets the following criteria:

- Is the equivalent of two semesters and includes a minimum of 560 academic contact hours (not including practicum/externship)
- Includes a minimum of a 160-hour practicum/externship (or 1,000 hours of medical assisting experience following program completion) in an ambulatory setting
- Awards a diploma, certificate, or associate degree
- Is offered by an institution accredited by an accrediting body recognized by the United States Department of Education (USDE) or the Council for Higher Education Accreditation (CHEA)
- Has a required curriculum that includes the following:

- Basic anatomy, physiology, pharmacology, infection control, and applied mathematics
- Theory and techniques of intramuscular, intradermal, and subcutaneous injection administration
- Theory and techniques of phlebotomy

Knowledge and application of anatomy, physiology, pharmacology, infection control, and mathematics must be demonstrated to the extent and degree necessary to reasonably ensure that practices meet or exceed the current standard of care.

Intramuscular, intradermal, and subcutaneous injections must be performed successfully *at least* 10 times in any combination. Additionally, phlebotomy must be performed successfully a *minimum* of 10 times.

**Required documentation:** At a minimum, candidates will need to submit a transcript and an attestation letter from a program director confirming completion of a postsecondary medical assisting program that met the above criteria.

If curriculum requirements and other criteria are not sufficiently documented, additional documentation will be needed.

### Rationales for the pilot program

Before implementing the CMA (AAMA) Certification Exam Eligibility Pilot Program, the CB addressed various notable considerations:

1. **Maintaining global and national accreditation standards.** Accreditation

is maintained under two organizations: the ISO/IEC Standard 17024:2012<sup>1</sup> by the International Accreditation Service (IAS) and the National Commission for Certifying Agencies (NCCA) *Standards for the Accreditation of Certification Programs* (i.e., *Standards*).<sup>2</sup> To remain accredited under IAS and NCCA, the CB must ensure that *only* candidates who have met the appropriate and necessary prerequisites should be eligible to obtain the CMA (AAMA) credential.

2. **Heeding an NCCA recommendation.** Note the following from the NCCA website on alternative pathways to eligibility:

Although the [NCCA] *Standards* do not require an alternative pathway in all situations, the certification program should have a standardized means of evaluating the equivalence of education, so that individuals who have obtained their educational preparation outside of the established pathways may have their qualifications evaluated for eligibility to obtain the certification. ... One recommendation would be for the certification program to conduct a *pilot study* to assess the amount of experience or experience plus “lesser” education that would be required such that the candidates from this new pathway would pass the exam at a statistically equivalent or similar rate as those who enter through the “standard” educational pathway. Without an alternative examination eligibility pathway available to these individuals, the certification program

risks unduly restricting entry into the workforce or promotions to those who attend the standard educational program.<sup>3</sup> [Emphasis added.]

3. **Recognizing the existence of other quality programs.** The CB has taken notice of the fact that some postsecondary medical assisting programs that are not programmatically accredited appear to have curricula—including cognitive objectives and psychomotor and affective competencies—that are similar to medical assisting programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accrediting Bureau of Health Education Schools (ABHES).
4. **Evaluating graduates of those other programs.** The pilot program will allow the CB to gather evidence about whether graduates of such medical assisting programs have the knowledge, skills, and professional attributes and behaviors necessary to provide safe and high-quality medical assisting services.
5. **Establishing criteria to qualify.** To be eligible for the exam under the pilot program, candidates must have graduated from a postsecondary medical assisting program that meets program and institutional criteria established by the CB. The candidate must also furnish proof of having met the academic criteria established by the CB. These criteria include demonstration of both *knowledge of* and *psychomotor ability in* certain tasks as evidenced by an official transcript, course descriptions, syllabi (as necessary), and an attestation letter from the program director verifying the candidate's successful completion of the didactic and psychomotor requirements.
6. **Exercising the CB's authority.** Both ISO/IEC 17024:2012 and the NCCA *Standards* require accredited certifying bodies and programs to have the unfettered legal authority to determine which candidates should and should not be eligible for their certification exams.  
The CB exercised this legal authority when ABHES asked the CB to allow

graduates of ABHES-accredited medical assisting programs to be eligible to take the CMA (AAMA) Certification Exam after the experience pathway was eliminated in 1998. In their request, ABHES argued that its accreditation standards were just as good as the CAAHEP accreditation standards and that its medical assisting graduates were just as knowledgeable and competent as graduates of CAAHEP-accredited medical assisting programs. To arrive at a fair and legally defensible decision, the CB compared the medical assisting accreditation standards and processes of ABHES and CAAHEP. In 1999 the CB rolled out a three-year pilot program during which graduates of ABHES-accredited medical assisting programs were allowed to take the CMA (AAMA) Certification Exam. The pilot program resulted in the CB creating an ongoing eligibility pathway for graduates of ABHES-accredited medical assisting programs, officially implemented in 2002.

7. **Protecting patients from substandard practice.** The landscape of medical assisting programs is difficult for employers, licensed providers, and legislators and policymakers to understand because other medical assisting credentialing bodies—some of which are accredited by the NCCA—recognize medical assisting programs that meet their requirements and thus permit their graduates to be eligible for their medical assisting exams. Another factor that causes confusion is that the laws of New Jersey, California, Washington, and North Dakota have differing educational requirements for medical assistants to be delegated phlebotomy and injections. A goal of the CB is for the results of this pilot program to provide empirical evidence about which medical assisting education requirements are necessary to protect patients from substandard injection and phlebotomy practice by medical assistants. Meaningful results would lessen the current confusion about this aspect of medical assisting education.

8. **Measuring administrative knowledge.** The CB closely considered the absence of criteria for administrative knowledge in the pilot program. Because the CMA (AAMA) Certification Exam is a single-hurdle test, there is the possibility that pilot program candidates could score very high on the clinical domain of the exam and do poorly on the administrative and general domains of the examination and still pass the exam. The CB has discussed this with National Board of Medical Examiners (NBME) staff. As a result, NBME will compile subscores for pilot program candidates in the administrative domain and the combined administrative and general domains. If pilot program candidates are performing significantly more poorly than CAAHEP and ABHES candidates in the administrative domain or in the combined administrative and general domains, the CB has the option of making adjustments to the pilot program.

### Reinforced standards of excellence

This is a three-year pilot program, *not* a permanent change in eligibility pathways.

The CMA (AAMA) Certification Exam Eligibility Pilot Program provides an opportunity for the CB to acquire empirical evidence about which medical assisting education requirements are necessary to maintain the standard of excellence in patient care for which CMAs (AAMA) are known. ♦

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*Questions may be directed to CEO and Legal Counsel Donald A. Balasa, JD, MBA, at [dbalasa@aama-ntl.org](mailto:dbalasa@aama-ntl.org) or 800/228-2262.*

### References

1. International Organization for Standardization. ISO/IEC 17024:2012: conformity assessment—general requirements for bodies operating certification of persons. <https://www.iso.org/standard/52993.html>. Published July 3, 2012. Updated August 3, 2018. Accessed August 19, 2019.
2. National Commission for Certifying Agencies. *Standards for the Accreditation of Certification Programs*. <http://www.credentialingexcellence.org/d/do/989>. Published June 12, 2017. Updated December 19, 2018. Accessed September 18, 2019.
3. NCCA frequently asked questions. Institute for Credentialing Excellence. <https://www.credentialingexcellence.org/p/cm/ld/fid=100>. Accessed August 19, 2019.