

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 Service
20 N. Wacker Dr., Ste. 3720
Chicago, IL 60606



**AMERICAN ASSOCIATION
OF MEDICAL ASSISTANTS®**

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