

**APPLICATION for RECERTIFICATION by the
CONTINUING EDUCATION METHOD**

PLEASE READ THE ENTIRE APPLICATION BEFORE COMPLETING THIS FORM

TYPE or PRINT _____ **Attach credit documentation sheets**
FAXED/EMAILED APPLICATIONS WILL NOT BE ACCEPTED

Full Name _____

Address: _____
Mailing Address _____ City _____ State _____ Zip _____

Telephone: _____
Mobile _____ Work _____

E-mail: _____ Date of Birth: ____/____/____

Employer: _____ Title: _____

CERTIFICATE INFORMATION:

Name on original certificate _____ Cert Date _____ Certification # _____

I am applying to recertify my CCMA credential (Please circle credential)

CCMA-A	CCMA-C	CCMA-AC
Recertification by CEU Application Fee		\$ 150
Application Expediting Fee		\$ 50
Expired Credential Reactivation Fee		\$ 50

Payment can be by money order, cashier's check or credit card. Credit card information may be provided on a separate page.
No personal checks will be accepted. We will accept checks from medical employers.

Total fee enclosed: \$ _____ ** Check box if you wish to be contacted for credit card information.

****Signature below indicates permission to charge your credit card for the amount listed above.**

Fee schedule is subject to change without notice • Recertification fees are nonrefundable

ACKNOWLEDGEMENT: *I have read the requirements for recertification by the continuing education method and acknowledge that all information supplied in this application is true and accurate to the best of my knowledge. I understand recertification fees are nonrefundable.*

Signature _____ Date _____

Send to: CALIFORNIA CERTIFYING BOARD FOR MEDICAL ASSISTANTS, Inc.
PO Box 462 · Placerville CA 95667
Telephone (530) 622-1850
E-mail info@ccbma.org Website www.ccbma.org

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

Fees paid \$ _____ Money Order _____ Cashier's Check _____ Credit Card _____ Auth # _____

Review of application completed _____

Recertification Deferred _____ Granted _____ Denied _____

Final Disposition letter sent _____

APPLICATION FOR RECERTIFICATION BY THE CONTINUING EDUCATION METHOD

GUIDELINES FOR RECERTIFICATION

- Recertification is required every five years to maintain active CCMA status.
- At least 60 credits are required. Credits must be **relevant** to the medical assisting profession and fall within the scope of practice as defined in the California Medical Assistant Regulations.
- Credits must be earned within the five years preceding application for recertification.
- Documentation for credits must include:
 - Name of program sponsor
 - Date Completed
 - Subject of Program
 - Amount of credits (hours/points)
 - Category (Basic, Administrative, Clinical)
- Credits earned prior to the original certification date or previous recertification date may not be used.

EDUCATION POINTS REQUIRED

- Recertification by the Continuing Education Method (CEU) requires points for each credential as follows:

<u>Category</u>	<u>Basic</u>	<u>Administrative</u>	<u>Clinical</u>	<u>Any</u>
CCMA-A	30	15		15
CCMA-C	30		15	15
CCMA-AC	30	15	15	
CCMA	30	15	15	

FEE SCHEDULE

(Subject to change)

CCMA-A	\$ 150
CCMA-C	\$ 150
CCMA-AC	\$ 150
CCMA	\$ 150
Application Expediting Fee	\$ 50

APPLICATION FEE/REFUND POLICY

- **Application fees must be in the form of a money order or credit card.**
- **Personal checks WILL NOT be accepted.**
- **Application fees for the CEU Method of Recertification are non-refundable.**
- **Failure to provide documentation upon request may result in the denial of your application for recertification by the continuing education method.**
- **Incomplete applications will be returned.**

RECERTIFICATION POLICY

All CCMA credentials must be recertified every five (5) years. Failure to do so within one year of expiration date will result in your certification being placed on a Non-Active Status list. This information is not confidential and may be released if requested.

Recertification by the Continuing Medical Education method is available for only one year after expiration of a current credential. Thereafter, recertification is available only by taking the examination at the current fee, providing you meet the current eligibility criteria as set forth by the Board.

Proof of current CPR certification is required.

CONTINUING EDUCATION CREDIT RECERTIFICATION POINTS

One contact hour one (1) point
(50-60 minutes of instruction)

One college semester unit 18 points

One college quarter unit 12 points

One continuing medical education unit .. one (1) point

Recertification points may be accumulated from various sources. Some examples are:

1. Seminars on medical topics within the scope of practice for a California medical assistant.
2. College courses that deal with medical assisting or appropriate medical topics.
3. Articles purchased from the California Certifying Board for Medical Assistants. Visit our website at www.ccbma.org for an order brochure of the current list of articles or you may call 530-622-1850 to have an article brochure sent to you.
4. Authorship of different types of published materials.
 - a. CCBMA item writing:
Maximum of 45 points/five year distributed in 15 points/category
 - b. Textbook Chapter:
Maximum of 30 points/five years distributed in 10 points/category

APPLICATION REVIEW

Review of a **properly completed** application will take approximately 60-90 days.

When recertification is granted, you will receive a new wallet card and a seal which can be attached to your original certification. If you have misplaced your certificate, you may request a new one for a fee. Replacement pins are also available. Call the office for the current price listing of these items.

COMPLETING THE DOCUMENTATION SHEET

Type or print in ink all of the information on the Credit Documentation Sheet included with this application. You may photocopy the sheet as necessary.

Indicate your name on each sheet, and include your date of birth and certificate number.

Use a separate line for each activity.

Complete the date, program provider, program title, amount and type of credit earned for each activity.

Distribute your points in the areas earned (Basic, Administrative or Clinical).

Points can be used only once. For example, if you use 10 points for a college course in the Basic column, you cannot use these same points in Administrative or Clinical.

If you use more than one sheet, be sure to total ALL points on your last sheet.

All credits must be within the scope of practice for a California Medical Assistant. Acceptance of credits is determined by the Review Committee.

YOU MUST HAVE DOCUMENTATION TO SHOW THE CONTENT AREA, THE AMOUNT OF TIME INVOLVED AND/OR TYPE OF CREDIT EARNED, AND THE DATE OF COMPLETION.

Each Documentation Sheet is reviewed for appropriate categories as defined in the CCBMA Study Outline.

Do not send certificates of participation with this application form unless it is from a college course or a computer on-line course. Proof of your current CPR certification is required.

Random audits will be performed. Retain all documents until you have received notice of recertification.

If you are required to send credit documentation, be sure to send clear, unaltered copies of original transcripts or CEU certificates of participation.

Documents submitted will NOT be returned.

****DO NOT SEND ORIGINALS****

YOU MUST COMPLETE THIS FORM
RECERTIFICATION BY CEU METHOD – CREDIT DOCUMENTATION SHEET

NAME: _____ Date of Birth : _____ Certificate # _____

Type or print. You may need to photocopy this form to record all of your CEU credits. You will be notified if verification is required. You must provide proof of college courses, computer on-line courses, and/or your current CPR certification.

Program Date	Program Provider	Program Title	Total Credit Earned	Basic	Administrative	Clinical
		*Current CPR (proof required)				
		Totals:				

IF YOU ARE PAYING BY CREDIT CARD
PLEASE COMPLETE THIS INFORMATION AND RETURN WITH
YOUR RECERTIFICATION BY CEU APPLICATION

My credit card is a (please circle) **MasterCard** **Visa** **Discover** **American Express**

- Recertification by Continuing Education Method Application Fee** **\$150**

- Application Expediting Fee** **\$ 50**

- Expired Credential Reactivation Fee** **\$ 50**

Please charge the card for \$_____

Cardholder Signature: _____

Name as it appears on the card:

Card Number: _____

Expiration Date: _____ Security Code (on back of card): _____

If cardholder is different from applicant, please indicate relationship:

Billing address for cardholder:

Shipping address (if different than billing address):

Telephone number: _____