

**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 as it currently stands. **(Please circle credential)**

<b>CCMA-A</b>	<b>\$ 120</b>
<b>CCMA-C</b>	<b>\$ 120</b>
<b>CCMA-AC or CCMA</b>	<b>\$ 150</b>
<b>Application Expediting Fee</b>	<b>\$ 50</b>

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](mailto:info@ccbma.org) Website [www.ccbma.org](http://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)*

<b>CCMA-A</b>	<b>\$ 120</b>
<b>CCMA-C</b>	<b>\$ 120</b>
<b>CCMA-AC</b>	<b>\$ 150</b>
<b>CCMA</b>	<b>\$ 150</b>
<b>Application Expediting Fee</b>	<b>\$ 50</b>

## **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

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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

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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](http://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

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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

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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
		<b>*Current CPR (proof required)</b>				
		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** (please circle)

**\$120**

**\$150**

**Application Expediting 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: \_\_\_\_\_