

**APPLICATION FOR CCMA RECERTIFICATION
BY THE
CONTINUING EDUCATION METHOD**

PLEASE READ THE ENTIRE APPLICATION BEFORE COMPLETING THIS FORM

Type or print in capital letters

Attach credit documentation sheets

FAXED APPLICATIONS WILL NOT BE ACCEPTED

Full Name _____

Address: _____
Mailing Address City State Zip

Telephone: _____
Mobile Work

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

CERTIFICATE INFORMATION:

Name on original certificate _____ Cert Date _____ Certification # _____

Are you an active member of the California Medical Assistants Association (CMAA)? Yes ____ No ____

CMAA Membership Region: _____

I am applying to recertify my CCMA credential as it currently stands.

(Please circle credential)

	<u>CMAA Member</u>	<u>CMAA Non-Member</u>
CCMA-A or CCMA-C	\$ 60	\$ 120
CCMA-AC or CCMA (reciprocity)	\$ 75	\$ 150

Fee schedule effective January 1, 2015 and are subject to change

Payment must be by money order, certified check, Visa or MasterCard only. Credit card information may be provided on a separate page. No personal checks will be accepted. We will accept checks from medical employers.

Recertification fee enclosed: \$ _____

Check box if you wish to be contacted for credit card information.

ACKNOWLEDGEMENT:

I acknowledge that I have read and understand the requirements, fees, cancellation and refund policies as stated in this application, and that the information supplied in this application is true and accurate to the best of my knowledge.

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 # _____

Receipt of application letter sent _____ CMAA Membership Y N Confirmed _____

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.
- Recertification may also be obtained by retesting. An application for Recertification by Exam can be obtain from our website at www.ccbma.org.

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	30	15	15	
CCMA-AC	30	15	15	
CCMA-A	30	15		15
CCMA-C	30		15	15

FEE SCHEDULE

(Subject to change)

<u>Credential</u>	<u>CMAA Member</u>	<u>Non-Member</u>
CCMA (Reciprocity)	\$ 75	\$ 150
CCMA-A	\$ 60	\$ 120
CCMA-C	\$ 60	\$ 120
CCMA-AC	\$ 75	\$ 150

APPLICATION FEE/REFUND POLICY

- **Application fee must be in the form of a money order, credit card or cashier's check only.**
- **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 failure to recertify and a forfeiture of application fees.**
- **Incomplete applications will be returned for completion.**

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 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.
2. College courses that deal with medical assisting or appropriate medical topics.
3. Self-assessment tests from continuing education articles printed in each issue of the *California Medical Assistant*, the bi-monthly publication of the California Medical Assistants Association. Call 1-888-464-2622 for further information (toll-free).
4. Articles purchased from the California Certifying Board for Medical Assistants. Call 1-866-622-2262 (toll-free) for the current list of articles or go to the website at www.ccbma.org.
5. 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
APPLICATION

My credit card is a (please circle)

MasterCard

Visa

Examination Application Fee \$145 or \$185 or Other _____

Review Guide \$25

Practice Test \$15

Recertification by CME Method Application Fee

\$60

\$75

\$120

\$150

Name as it appears on the card:

Card Number: _____

Expiration Date: _____

3 digit security code (on back of card): _____

Please charge the above card for \$ _____

If cardholder is different from applicant, please indicate relationship:

Billing address for cardholder:

Shipping address (if different than billing address):

Telephone number: _____

Signature of Cardholder: _____