



CALIFORNIA CERTIFYING BOARD FOR MEDICAL ASSISTANTS

A Private Non-Profit Corporation
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CALIFORNIA CERTIFIED MEDICAL ASSISTANT
EXAMINATION APPLICATION

PLEASE PRINT LEGIBLY

FAXED OR EMAILED APPLICATIONS WILL NOT BE ACCEPTED

LEGAL NAME (Must EXACTLY match your United States government issued ID): Name change requests after submission of the application are subject to a \$50 fee.

Form fields for First, Middle, Last, Mailing Address (Number, Street, Apt#, City, State, Zip), Telephone (Mobile, Work), Date of Birth, and Personal Email.

**Applicants must be 18 years of age and provide copies of a valid US government issued ID or Driver's License AND current CPR certification. ** Expediting available for \$50 additional fee

Table with 2 columns: INITIAL EXAMINATION and FEES. Rows include Basic and Clinical Specialty (\$145), Basic and Administrative Specialty (\$145), and Basic, Clinical & Administrative Specialties (\$185).

Table with 2 columns: AFTER INITIAL EXAMINATION and FEES. Rows include Second Specialty - Administrative (\$90), Second Specialty - Clinical (\$90), Retake exam - Basic (\$105), Retake exam - Clinical (\$90), Retake exam - Administrative (\$90), Last exam date, Exams passed, and Must-Test-By date.

Table with 2 columns: RECERTIFICATION BY EXAMINATION and FEES. Rows include Basic and Clinical Specialty (CCMA-C) (\$145), Basic and Administrative Specialty (CCMA-A) (\$145), Basic, Clinical & Administrative Specialties (CCMA-AC OR CCMA) (\$185), and Expired Credential Reactivation Fee (\$50).

Form fields for Certification Date, Certificate Number, and Name on Certificate.

NOTE: CLINICAL CERTIFICATION will require proof of injection and/or venipuncture training as outlined in the California Medical Assistant regulations:

- A) Ten (10) clock hours in administering injections and performing skin tests including satisfactory performance of at least ten (10) each of intramuscular, subcutaneous, and intradermal injections and ten (10) skin tests and/or
B) Ten (10) clock hours in venipuncture and skin puncture for the purpose of withdrawing blood including at least ten (10) venipunctures and ten (10) skin punctures.

CCBMA offers year-round Computer Based Testing (CBT). Many locations are available. You can locate the site nearest you by visiting our exam vendor's website at www.pearsonvue.com/ccbma and looking under "Locate a Test Center." All sites are open Monday through Friday, and many are open Saturdays. Upon approval of your application, you will be notified of scheduling instructions for the exam. You will be required to select a specific site when you register.

YOU WILL KNOW YOUR PRELIMINARY RESULTS BEFORE YOU LEAVE THE TEST SITE. Once certified, your certificate, wallet card and pin will be mailed to you along with recertification information.

ELIGIBILITY REQUIREMENTS

An applicant must satisfy at least one of the following requirements AND must provide copies of a valid US government issued ID or Driver's License AND current CPR certification.

Graduate of an accredited medical assisting program* in the United States within one year preceding this application:

Name of School: _____

Address: _____ Phone: _____

(You must provide a copy of your *Certificate of Completion or an official transcript* from an accredited medical assisting course with the application).

***Training in a secondary; post-secondary or adult education program in a public school authorized by the Department of Education; in a community college program; post-secondary institution approved by the Bureau of Private Post-Secondary and Vocational Education or Department of Consumer Affairs.**

Currently employed as a medical assistant by a licensed physician (MD/DO) or podiatrist (DPM) in the United States:

Employer's Name: _____ Phone: _____

Address: _____ Job Title: _____

Attach verification of employment, such as a copy of your pay stub or physician-employer signed statement on office letterhead.

At least two years employment comparable to full time (4160 hours) within the last five years as a medical assistant in the United States:

Employer Name: _____ Phone: _____

Address: _____ Job Title: _____

Attach statement from previous employer/s verifying number of hours worked in the last five years AND a PHYSICIAN signed injection/venipuncture proficiency statement (page 3).

Current employment as a Medical Assisting Instructor in an accredited institution in the United States:

School Name: _____ Phone: _____

Address: _____

Attach verification of employment, such as a copy of your pay stub or verification statement on employer letterhead.

United States Military Training: Served in the capacity of a medical assistant while enlisted or either separated from the Military within the last year or served in that capacity for at least two of the previous five years. An injection/venipuncture proficiency statement (page 3) signed by your Commanding Officer is also required for applicants taking the Clinical exam.

*****FAILURE TO INCLUDE NECESSARY DOCUMENTATION WITH INITIAL APPLICATION WILL
DELAY THE APPLICATION PROCESS. *****

COMPETENCY FOR INJECTIONS AND/OR VENIPUNCTURE

Graduates applying for Clinical Certification are required to have:

Ten (10) clock hours of training in administering injections and performing skin tests and/or ten (10) clock hours of training in venipuncture and skin puncture for the purpose of withdrawing blood, demonstrating satisfactory performance in at least 10 (each) each of intramuscular, subcutaneous and intradermal injections, ten (10) skin tests and/or at least ten (10) venipunctures and ten (10) skin punctures.

Training shall include instruction and demonstration in pertinent anatomy and physiology appropriate to the procedures, choice of equipment, proper technique (including sterile technique), hazards and complications, patient care following treatment or test, emergency procedures, and California law and regulations for medical assistants. This training as required in Section 1366.1 of California Medical Assistant Regulations may be administered by a licensed physician or podiatrist, a registered nurse, licensed vocations nurse, or physician assistant. Training may also be administered by a qualified instructor in an accredited medical assisting program. The Medical Assisting Instructor shall certify in writing the place and date such training was administered, the successful completion of each task, and shall sign the certification.

I hereby certify that _____ has received training in injections and/or venipuncture as defined in the California Medical Assistant Regulations.

Location training was administered: _____.

Date training was completed: _____. This applicant has successfully performed the minimum number of required injections/venipunctures. A training log documenting these procedures will be maintained at teaching facility.

Print Instructor Name: _____

Instructor Signature: _____ Date: _____



STATEMENT OF PROFICIENCY

Employed or previously employed medical assistants applying for Clinical Certification are required to have the proficiency statement below signed by your physician-employer.

I hereby certify that my current/previous (circle one) medical assistant _____ is/was working within the Scope of Practice for a Medical Assistant and is proficient in administering injections and/or performing venipunctures.

Physician (Print Name)

Physician's Signature (MD, DO, DPM)

Date

Official office stamp

Phone



CANCELLATION AND POSTPONEMENT POLICY

Failing to appear for a scheduled test, arriving more than 15 minutes after the scheduled start time, refused admission to the exam, or changed the exam date **without providing 24 hours’ notice** will result in forfeiture of the entire fee.

There will be no refund.

- To reschedule the exam, do so by directly contacting Pearson Vue, our testing company, at the phone number found on the eligibility letter. You must test by the date that is specified in your eligibility letter.
- If you wish to cancel your exam, you must do so **in writing to CCBMA, not less than 15 days prior to your scheduled exam** or the “must test by” date and contact Pearson Vue directly to have your appointment removed from the system. If you meet these deadlines, you will receive a refund of the application fee paid minus a \$50 processing charge. Cancellation requests must meet these criteria or no refund will be given.
- If your application is denied by CCBMA, you will receive a letter and a refund of your application fee minus a \$50 processing charge.

SPECIAL ACCOMMODATIONS

Individuals requiring special provisions on examination day must request such exceptions **in writing and it must be included with the initial application**. Physical disability must be currently documented by a medical doctor. If you are requesting special accommodations because of a learning disability, documentation must be provided from a psychologist dated within the last year. The Certifying Board will make every effort to accommodate such cases, but it reserves the right to deny requests that, in the judgment of the Board, would jeopardize the security of the examination material or the integrity of scores derived from the examination.

RELEASE OF INFORMATION

I hereby give my permission for the Certifying Board to release my **name, credential, email and mailing address** to be used for educational and employment opportunities. No other information will be released without my knowledge and specific permission.

_____ **YES**, I give permission to release my information. _____ **NO**, I do not want my information released.

ACKNOWLEDGEMENT

I acknowledge that I have read and understand the eligibility requirements, fees, cancellation/postponement, authorization of credit/debit card charges and refund policies, and that the information/documentation supplied in this application is true and accurate to the best of my knowledge.

SIGNATURE _____ **DATE** _____

PRINT your name as you want it to appear on your certificate:

(Please note that the name you registered under cannot be changed without documentation.)

SUBMITTING YOUR APPLICATION: Please include all required supporting documentation and payment (Money order or credit card information). **NO PERSONAL CHECKS ACCEPTED.**

Please contact me at (____) _____ for my credit card information OR my credit card information is attached on a separate sheet.

Signature (if applicable for credit card charge) _____

Signature above indicates permission to charge your credit card \$ _____

FAILURE TO INCLUDE NECESSARY DOCUMENTATION WITH THE INITIAL APPLICATION WILL CAUSE DELAYS IN PROCESSING THE APPLICATION.

**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** **Discover** **American Express**

- Examination Application Fee** **\$145 or \$185 or Other _____**
- Expediting Fee** **\$ 50** (5 business days with ALL required docs)
- Expired Credential Reactivation Fee** **\$ 50**
- Review Guide (Revised 2018)** **\$ 40**
- Practice Test Booklet** **\$ 15**
- Medical Math and Dosage Calculations Workbook** **\$ 15**

Please charge the card for \$_____

Signature: (Required) _____

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: _____