



CALIFORNIA CERTIFYING BOARD FOR MEDICAL ASSISTANTS

A Private Non-Profit Corporation
PO Box 462 Placerville CA 95667 Toll-free (866) 622-2262 Fax (530) 622-8254
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APPLICATION FOR CALIFORNIA CERTIFIED MEDICAL ASSISTANT EXAMINATION

PLEASE PRINT LEGIBLY

ELECTRONIC FILLING OF APPLICATIONS WILL NOT BE ACCEPTED

LEGAL NAME (Must EXACTLY match your United States government issued ID):

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

You MUST be at least 18 years of age to sit for this exam AND provide proof of current CPR certification.

Table with 2 columns: INITIAL EXAMINATION and FEES. Includes rows for 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. Includes rows for Second Specialty - Administrative (\$90), Second Specialty - Clinical (\$90), Retake exam - Basic (\$105), Retake exam - Clinical (\$90), Retake exam - Administrative (\$90), Last exam date, and Exams passed.

Table with 2 columns: RECERTIFICATION BY EXAMINATION and FEES. Includes rows for Basic and Clinical Specialty (CCMA-C) (\$145), Basic and Administrative Specialty (CCMA-A) (\$145), and Basic, Clinical & Administrative Specialties (CCMA-AC OR CCMA) (\$185). Also includes 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. In order to certify, you must take and pass the Basic portion and at least one specialty. 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 for the California Certified Medical Assistant exam must satisfy at least one of the following requirements AND must provide proof of current CPR certification

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).

OR

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 photocopy of your Certificate of Completion from an accredited medical assisting course with this 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. You can contact your school to find out which institution they are accredited through.**

OR

At least two years employment within the last five years as a medical assistant in the United States:

Employer Name: _____ Phone: _____

Address: _____ Job Title: _____

(Attach verification from previous employer or at least two years of tax forms (W-2's) as proof AND a PHYSICIAN signed injection/venipuncture proficiency statement).

OR

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

School Name: _____ Phone: _____

Address: _____

(Attach employment verification).

OR

United States Military training or United States schooling equivalent to that provided by accredited medical assisting programs in the United States:

(You must provide detailed proof of your current experience and/or training from a recognized military branch, with discharge being no more than one year preceding this application).

ONLY APPLICANTS WHO MEET ONE OR MORE OF THE ABOVE ELIGIBILITY REQUIREMENTS WILL BE CONSIDERED FOR ACCEPTANCE.

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

**CERTIFICATE OF COMPETENCY
FOR
INJECTIONS AND/OR VENIPUNCTURE**

SCHOOL GRADUATE: Training to perform venipunctures and/or injections 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 supervising physician, podiatrist, nurse or instructor shall certify in writing the place and date such training was administered, the successful completion of each task, and shall sign the certification.

Medical assistants who are 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, and

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.

Satisfactory performance by the trainee of **at least ten (10) each of intramuscular, subcutaneous and intradermal injections, ten (10) skin tests and/or at least ten (10) venipunctures and ten (10) skin punctures.***

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

Location training was administered at: _____.

Date training was completed: _____. This candidate has successfully performed the minimum number of required injections/venipunctures (**stated in the paragraph above***) A training log documenting these procedures will be maintained at my facility.

Signed: _____ Title: _____ Date: _____

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**EMPLOYED:** If you are currently employed or have been employed as a medical assistant, you must provide a proficiency statement signed by your physician-employer.

**STATEMENT OF PROFICIENCY**

I hereby certify that my current/previous (circle one) employee \_\_\_\_\_ 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

\_\_\_\_\_  
Address or office stamp

\_\_\_\_\_  
Phone

**CANCELLATION AND POSTPONEMENT POLICY**

- If you fail to appear for a scheduled test, arrive more than 15 minutes after the scheduled start time for taking the test and are refused admission to the exam, or change your exam date **without providing 24 hours notice**, you will be charged the full fee. **There will be no refund.**
- If you need to reschedule, you must do so by contacting Pearson Vue, our testing company, at the phone number found on your 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 \$40 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 \$40 processing charge.

**SPECIAL ACCOMMODATIONS**

Persons who require 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 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, certification and mailing address only** to be used for educational and employment opportunities. My name and address may be used to send information pertaining to job postings, membership and relevant continuing education programs. 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 and refund policies, and that the information supplied in this application is true and accurate to the best of my knowledge.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*\*\*As indicated by my signature on this application, I hereby state that I am currently certified in Adult CPR and have included a copy of my hands-on CPR card as documentation.\*\*\*

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

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

**SUBMITTING YOUR APPLICATION:** Please complete this checklist to ensure you have included all of the necessary information. **FAILURE TO INCLUDE NECESSARY DOCUMENTATION WITH INITIAL APPLICATION WILL CAUSE DELAYS IN PROCESSING.**

**Check your application** to be sure all information is completed correctly. **CLINICAL** specialty requires completion of page 3 or a copy of the certificate of **Injection and/or Venipuncture** training from your school. You will not be allowed to sit for the CLINICAL exam without verification. **Include a copy of your current CPR card.**

**Include payment for the correct amount.** (Money order, certified check, VISA or MASTERCARD info.) We will accept checks from employers. **\*\*NO PERSONAL CHECKS ARE ACCEPTED\*\***  
Please contact me at (\_\_\_\_) \_\_\_\_\_ for my credit card information OR my credit card information is attached on a separate sheet.

**Mail original application to:** **California Certifying Board for Medical Assistants**  
**PO Box 462**  
**Placerville CA 95667**

**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: \_\_\_\_\_