



AAMA Certifying Board

Appeal Request Form

A candidate or certificant may appeal a decision or disciplinary action of the Certification Department and/or Certifying Board (CB) of the American Association of Medical Assistants (AAMA).

The following, posted on the AAMA website, www.aama-ntl.org, should be reviewed prior to requesting an appeal:

- *AAMA Certifying Board Appeal Request Procedure*
- *Candidate Application and Handbook for the CMA (AAMA) Certification/Recertification Examination*
- *AAMA Code of Conduct for CMAs (AAMA) and Examination Candidates*
- *AAMA Disciplinary Standards and Procedures for the CMA (AAMA)*

All materials received in connection with an appeal request are the property of the AAMA Certification Department and will remain confidential. The name of the individual filing an appeal will remain confidential unless the CB or AAMA staff is required by law to release confidential information.

If the candidate/certificant decides to pursue the appeal, a written rebuttal must be received by the AAMA Director of Certification within 15 working days to be forwarded to the Certifying Board Appeals Review Panel. The Panel will provide its decision within 15 working days. The decision of the Review Panel will be final.

Appeals that are complex in nature may require an extension of processing time. The timescale may be extended by agreement of the AAMA Director of Certification and the Certifying Board Appeals Review Panel. If the agreed-upon time limitations are not met by the individual filing the appeal, the appeal process will be terminated.

Provide all applicable information. You may exceed the two pages of this form.

CANDIDATE/CERTIFICANT INFORMATION

Name

Date

Work or home address

Telephone

E-mail

Credential (if applicable)

Certification/Licensure Number (if applicable)

What is the general nature of your appeal? _____

Date(s) pertinent to the appeal: _____

Please clearly describe the relevant facts and details surrounding the appeal. Attach any supportive documents. _____

I have read the above, and it is true to the best of my knowledge:

Signature Date

Please return completed form to:

AAMA Certification
Attn: Katie Gottwaldt
20 N. Wacker Drive, Suite 1575
Chicago, IL 60606
kgottwaldt@aama-ntl.org

