



# CMA (AAMA) Certification/ Recertification Examination

## Request for Waiver Form

**Instructions:** Read and complete this form and mail it by the appropriate postmark deadline with the required documentation and your application for the CMA (AAMA) Certification Examination to:

Katie Gottwaldt  
Director of Certification  
AAMA  
20 N. Wacker Drive #1575  
Chicago, IL 60606

**Check the box(es) below that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> I have been found guilty of a felony, or have pleaded guilty to a felony.  | 1. Completion of required sentence resulting from any felony conviction or plea of guilt; or                   |
| <input type="checkbox"/> I have had a professional license, registration, or certification denied, revoked, suspended or subjected to probationary conditions by a regulatory authority or certification board. | 2. Completion of any sanctions resulting from adverse action that was taken against a professional credential. |

Any and all drug-related convictions may render the candidate ineligible for waiver.

To approve a waiver request, the following is mandatory:

**Documentation Requirements:**

The documentation I am submitting with this form and my application for initial certification or recertification attests to my rehabilitation and that I will not be a threat to patients, employers, or any other persons, and therefore should be eligible to become a CMA (AAMA) or recertify my CMA (AAMA) credential. My documentation includes, but is not necessarily limited to, the following:

- |   |  |
|---|--|
| 1. A written explanation of the events regarding the incident(s) requiring a checked box or boxes above. This should include any special circumstances (such as age of the applicant at the time of the incident[s]) as well as any life changes since the incident(s); | initial charge(s), court documentation outlining sentencing requirements or documentation showing how the case was resolved (e.g., dismissed, pretrial program, etc.);   |
| 2. Copies of official documentation related to the incident(s), including police reports showing the  | 3. Any additional information or documentation regarding remedial measures imposed by the court, including letter from parole or probation officer confirming successful completion of parole or probation requirements (or current status if not yet completed), or letter confirming successful completion of chemical dependence treatment; |
|   | 4. Any documentation of a waiver by a government agency or other entity that was granted after the incident(s);  |



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5. At least two written references by individuals—other than your family and friends—such as current or past employers, counselors, instructors, probation officers, or clergy, who will attest to your rehabilitation and that you will not be a threat to patients, employers, or any other persons; and
6. The length of time since the felony conviction or plea of guilt or adverse action was taken against a professional credential, and submission of the application for waiver, the age of the applicant at the time of the incident, and any criminal history since the incident(s) occurred.

Adverse action taken against a professional credential, a felony conviction or plea of guilty does not automatically disqualify an individual from being eligible to sit for the CMA (AAMA) Certification/Recertification Examination. The Certification Department will review the information submitted

on an individual basis and determine whether the incident(s) has a direct relationship to a potential violation(s) of the Candidate/Certificant Code of Conduct. If a direct relationship is found, the Certifying Board may impose sanctions, including barring a candidate from becoming certified by AAMA Certifying Board either indefinitely or for a designated period of time.

This waiver, if granted, is subject to review and modification and/or retraction if the applicant experiences any additional violations including criminal conviction(s) and plea(s) of guilty. Applicants are obligated to immediately report such conviction(s), pleas, or conduct to the AAMA Certification Department. Failure to do so will result in a re-evaluation and modification and/or retraction of any previously granted felony waiver.

The policies of the Certifying Board are subject to change without notice.

I have read and agree to the terms outlined in this form and am submitting it with the required documentation:

\_\_\_\_\_   
 Full name (printed)

\_\_\_\_\_   
 Signature

Date: \_\_\_\_\_

Day Phone: \_\_\_\_\_

E-mail address (if any) \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Address/City/State/ZIP: \_\_\_\_\_

Date of commission of felony: \_\_\_\_\_