



Medical Board of California
**Application for a Medical Assistant
 Certifying Organization**

Licensing Program
 2005 Evergreen Street, Suite 1200
 Sacramento, CA 95815-5401
 Phone: (916) 263-2382
www.mbc.ca.gov

CERTIFYING ORGANIZATION

MBC USE ONLY

Name of Medical Assistant Certifying Organization

Certifying Agency Information

Federal Employer Identification Number (FEIN)

Address of Record

Line 1		Line 2	
City	State/Province	Zip/Postal Code	Country

Email Address

Name of Contact Person

Address of Contact Person (If different from above)

Line 1		Line 2	
City	State/Province	Zip/Postal Code	Country

Telephone Number of Contact Person

Work	Alternate
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CERTIFYING EXAMINATION

NOTE: The most recent validation report, occupational analysis and criteria as to how passing score is established must accompany this application.

Name of Organization that Validated the Applicant's Certifying Examination

Certifying Examination Information

Name of Contact Person for Above Organization

Address for Above Organization

Line 1		Line 2	
City	State/Province	Zip/Postal Code	Country

Telephone Number of Contact Person for Above Organization

STANDARDS OF THE CERTIFYING ORGANIZATION

Pursuant to Title 16 of the California Code of Regulations (CCR) section 1366.31, an organization that certifies medical assistants shall be approved if it meets all of the following standards. Attach proof supporting each affirmative response to the questions below to the application.

A "Yes" or "No" response is required for each item.

- 1. Is your organization certified by National Commission for Certifying Agencies (NCCA)?** Yes No
- 2. Does your organization require all applicants for certification to successfully complete a psychometrically valid examination that is secure, is occupationally relevant and tests for the skills and procedures outlined in 16 CCR section 1366?** Yes No

Name of Medical Assistant Certifying Organization:

STANDARDS OF THE CERTIFYING ORGANIZATION (continued)

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3. Does your organization require all applicants for certification to have complied with one or more of the following training criteria?

Certifying Examination Information

- A. Graduation from a medical assistant training program meeting the requirements under section 1366.3(a)(2);
B. A minimum of two years of experience as a practicing medical assistant within five years immediately preceding the date of examination;
C. Military training or schooling equivalent to that described in (A) or (B) above;
D. Employment at the time of certification as an instructor in an accredited medical assistant program or institution meeting the requirements under section 1366.3(a)(2) for certification of a medical assistant.

Radio buttons for each option A, B, C, and D.

4. Does your organization require certificate holders to obtain a minimum of 60 hours of continuing education related to the practice of medical assistants over a five-year period?

Radio buttons for Yes and No.

DECLARATION

The head of the organization must sign this form. If the organization head is delegating that signature authority to another person, attach evidence of that delegation to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months. The person who signs this form may not be related to the applicant by blood, marriage, or adoption.

Declaration Complete

I, [Signature Line], being first duly sworn do so declare under penalty of perjury, under the laws of the State of California, that I am the person herein authorized to sign on behalf of the certifying organization. I have full knowledge of the content of this application and that all information contained herein and all attachments in support of this application are true and correct to the best of my knowledge.

I further declare that this organization certifies only those medical assistants that meet the minimum training requirements as stated in the laws and regulations and denies certification to those medical assistants that do not meet the minimum requirements.

SIGNATURE OF ORGANIZATION HEAD (Signature stamps are not acceptable)

DATE

NOTARY SECTION

SIGNATURE OF APPLICANT: (SIGN LEGAL NAME IN THE PRESENCE OF NOTARY)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of County of

Subscribed and sworn to (or affirmed) before me on this

day of, 20

Print Applicant's Legal Name

by, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(NOTARY SEAL)

Notary Signature, Date & Seal

SIGNATURE OF NOTARY PUBLIC