

American Academy of Medical Administrators
701 Lee Street, Suite 600, Des Plaines, IL 60016
847/759-8601 Fax 847/759-8602 www.ameda.org
Application: Transfer of Credential Earned Via Exam to CAAMA
Return this form by U.S. Mail or by Fax

Name _____

Exact **wording of your name** for CAAMA certificate _____

Title _____

Organization (employment) _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____ Email _____

College degree/degrees including area of study _____

Number of years in healthcare management positions _____

Please complete the following information and submit documentation where required.

1. **Association from which you are transferring credential** to receive recognition as a CAAMA:

Association _____

Address _____

City/state/zip _____

Association phone number _____ Assn Email _____

(number and email of contact at association who can verify your credential)

2. **Credential being transferred** (acronym and full title) _____

3. **Date you received original credential** _____

4. **Date of AAMA Annual Meeting attended** _____

5. **Checklist** of documents required for transfer. Include with application:

- Documentation of credential** submitted (copy of notification letter, card or certificate)
- Documentation of recredentialing/recertification** for original credential
- Your CV or resume**
- Letter of recommendation** from an AAMA Member or Fellow.
- In the case of transfer from a specialty healthcare association, include a letter** indicating why your specialty credential should transfer to the CAAMA credential including information about the exam such as domains of knowledge covered.

6. **Include payment for transfer fee \$250**

Payment by Check Credit Card Visa Master Card American Express Discover

Credit Card number _____ Exp. Date _____

Signature on card _____

The transfer of credential process will take approximately eight weeks from the date the application is received by AAMA.