# MAERB Program Director Workbook

This workbook is designed for programs to submit information about a Program Director appointment for a CAAHEP-accredited Medical Assisting program. According to the 2022 CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*, the following qualifications are required for Program Directors:

The Program Director must (Standard III.B.1.b):

1. Be an employee of the sponsoring institution;
2. Possess a minimum of an associate degree;
3. Be credentialed in good standing in medical assisting, by an organization whose credentialing exam is accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI) or under International Organization for Standardization (ISO);
4. Have medical or allied health education or training;
5. Have experience related to the profession of medical assisting; and
6. Have documented education in instructional methodology.

This workbook is designed to provide information about the Program Director’s background and qualifications. In addition, there will need to be additional documentation included to support the information provided in this workbook.

**If the Program Director is also assuming teaching responsibilities, a Faculty Attestion Form will need to be submitted. You will find it on the website (**[**www.maerb.org**](http://www.maerb.org)**) under the Resources tab on the Standards and Policies page.** If the Program Director is assuming Practicum Coordinator responsibilities, the appropriate box needs to be checked in Section III, and the Practicum Coordinator responsibilities, as outlined in the Standards, need to be listed in either the PD Job Description or in a separate job description.

For the sake of efficiency, the MAERB office requests that the workbook and the supporting documentation be submitted at the same time.

## Program Sponsor

|  |  |
| --- | --- |
| Institution/Organization Name | Click here to enter text. |
| City, State | Click here to enter text. |
| Award Granted (Diploma, Certificate, or AAS). List only the medical assisting program options that are currently accredited through MAERB with CAAHEP. | Click here to enter text. |

## Person Responsible for Preparing the PD Workbook

|  |  |
| --- | --- |
| Person responsible for preparing this workbook and attesting that the information is accurate | Click here to enter text. |
| Date Prepared | Click here to enter text. |

## Program Director Information

NOTE: The Program Director must be employed by the institution. Evidence of employment status will need to be submitted.

|  |  |
| --- | --- |
| Preferred Pronouns | Choose an item. |
| Full Name | Click here to enter text. |
| Preferred First Name | Click here to enter text. |
| Educational Credentials (list only the highest academic degree) | Click here to enter text. |
| Current Professional Credentials (must include one of the following: CMA (AAMA), RMA (AMT), NCMA (NCCT), CCMA (NHA); CMAC (AMCA)) | Click here to enter text. |
| Date on which credential was acquired (NCMA needs to have been earned after November 30, 2010, the CCMA needs to have been earned after January 20, 2011, and the CMAC (AMCA) needs to have been earned after October 8, 2015 in order to be eligible, but the other two credentials do not have a date requirement) | Click here to enter text. |
| Title | Click here to enter text. |
| Date of Appointment | Click here to enter text. |
| Institutional Email | Click here to enter text. |
| Phone Number | Click here to enter text. |
| Are you also serving as a Practicum Coordinator? | Choose an item. |

## Postsecondary Education

Note: The Program Director must hold at least an associate degree. Evidence of that degree will need to be submitted.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Name** | **Dates Attended** | **Major Area of Study** | **Type of award granted (Cert/Dipl/AAS/BA/and so on)** | **Date Awarded** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Medical or Allied Health Education or Training

Include the education or training in the medical or allied health field received. If this is the same information from the Postsecondary Education section above, you may simply enter “same as above section.” Evidence of the education and training will need to be submitted.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School/Organization Name** | **Dates Attended** | **Medical or Allied Health Concentration** | **Type of award granted (Cert/Dipl/AAS/BA/and so on) or other type of certification** | **Date Awarded** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Instruction Received in Instructional Methodology

Technical classes, such as the use of Blackboard or Canvas, do not meet this requirement. The guideline from the CAAHEP *Standards and Guidelines* outlines the different types of instruction that meet this requirement: *Instructional methodology education may be demonstrated by documentation of completed workshops, in-service sessions, seminars, or completed college courses on topics including, but not limited to, learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organization providing training or education courses** | **Dates Attended** | **Program Title** | **Brief Overview of content (2-6 words)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Medical Assisting Experience

NOTE: Teaching healthcare does not constitute experience with the profession of medical assisting.

In this section, include the employment or experience that provides evidence of your experience related to the profession of medical assisting. You will need to provide details about the precise nature of the medical assisting responsibilities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer/Organization** | **Dates of Employment/Experience** | **Position Title/Role** | **Listing of MA Procedures observed or performed.** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Additional Notes: Please add any notes to clarify the information provided.

|  |
| --- |
| Click here to enter text. |

## Required Supporting Documentation

NOTE: When submitting materials, only Word or PDF documents will be accepted. Please submit all the information individually instead of scanning and sending everything in one document. If you have multiple documents for one of the major areas listed below, such as the formal job description or transcripts, you may send those together.

1. **Formal Job Description**

This is required to show compliance with Standard III.B.1.a, Program Director Responsibilities. The job description, at the minimum, should include the responsibilities of Program Director, as found in the *Standards and Guidelines*.

If you are also assuming Practicum Coordinator responsibilities, you need to ensure that the job description includes those responsibilities as well or that a separate job description is included. Those job responsibilities are outlined in Standard III.B.3.a.

1. **Letter from Sponsoring Organization’s Human Resources Department or Dean’s Office attesting to the following:**
2. The Program Director’s employment status with the institution.
3. The date on which the Program Director started employment as Program Director
4. The last day of employment of the former Program Director
5. Continued employment status within the medical assisting program,if any, of the former Program Director

**NOTE: If you are a Program Director submitting a workbook in conjunction with a Self-Study, you do not need to submit a letter from your Sponsoring Organization. The requirement of a letter providing dates and attestation of employment by the sponsoring institution applies only to new Program Directors.**

1. **Resume**

This is required for verification of the teaching experience, healthcare experience, and other items listed above.

1. **Transcripts for Post-Secondary Education**

This documentation is required in order to ascertain that the Program Director holds at least an Associate’s Degree. Only one transcript (i.e., for the highest-achieved academic credential) is needed.

1. **Documentation of Instructional Methodology**

In order to demonstrate the required instruction received in instructional methodology, a professional development workshop, seminar, or in-house training can be used for this purpose, and an outline/agenda and documentation of completion can be submitted. In addition, if coursework in this area has been completed a a transcript can be submitted demonstrating successful completion of a formal class in that area. The course title will need to be explicit and, if there is a question, it is recommended that a course outline or syllabus be submitted.

1. **Proof of Credential**

Documentation of achievement and currency in one of the five credentials: CMA (AAMA), RMA (AMT), NCMA (NCCT), CCMA (NHA), and CMAC (AMCA)

1. **If Applicable: Faculty Qualifications Attestation Form**

If the Program Director also serves as a faculty member, the Faculty Qualifications Attestation Form needs to be submitted. This form can be found at the MAERB website ([www.maerb.org](http://www.maerb.org)) under the Resources Tab on the Standards and Policies page.