



CCFA-Certified Clinical Financial Auditor Grandfathering Information

Grandfathering of CMAS to CCFA:

Any individual holding a CMAS certification and meeting the eligibility requirements may seek renewal as a CCFA. Documentation of CMAS certification could include, but is not limited to, a copy of certification card, receipt or confirmation letter.

Renewal will be on a 3-year basis and requires 30 hours of CEUs. The CEU content may be clinical for up to half of the CEUs and the remaining 15 must be revenue cycle or compliance related.

Eligibility Requirements (Proof not required if grandfathering with proof of CMAS):

1. Applicant must be a current member of AAMAS.

2. NEW applicants for CCFA, not grandfathering, must have:

A minimum of 60 college semester units or a licensed health care professional degree.

- Degree in a healthcare field including RN, LPN, PT, OT, ST, RT, Dietician, MD, Public Health, Health Information Management, Health Care Administration.
- Degree in Accounting or other Financial Management.
- Background in Revenue Cycle, such as CDM, UR, QA with 60 college credits.
- Law, compliance or ethics degree.
- Certified Coder with 60 college credits.

3. NEW applicants for CCFA, not grandfathering, must have one year of authenticated audit experience or similar revenue cycle experience.

Application Process Checklist for Submission:

Please submit:

1. Signed application for grandfathering.
2. Proof of current or former CMAS such as card, email, receipt or confirmation.
3. Renewal fee of \$100 if CMAS is not current or due June 2019.
4. No fee required if you have current CMAS renewal. Fee will be due on CMAS renewal date.

If Applicable, \$100 fee is made payable by:

- Check/Money order/Credit Card.

Should you have any questions, please send an email to: Certification@aamas.org or call Janet Wilhelms, AAMAS Executive Director at: 414-908-4941 ext 103.



CCFA-Certified Clinical Financial Auditor Grandfathering Application

Name: _____

Phone (H): _____ (C): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Employer: _____

Work Phone: _____

Job Title: _____

Number of years employed as a Medical Auditor or other Revenue Cycle Experience: _____

Highest Education Level: _____

School(s) Attended: _____

Degree(s) Awarded: _____

Professional License Number or Certification: _____ Type: _____

State of Issue: _____ Expiration Date: _____

Last CMAS Certification Renewal Date: _____

Please send proof of last CMAS renewal (Receipt, Letter or Membership Card).

Printed Name (**Name on the Certificate will appear as below**):

Signature: _____ Date Submitted: _____

If Applicable, \$100 fee is made payable by:

• Check/Money order payable to **AAMAS** and mailed to: AAMAS, 7044 S. 13th St., Oak Creek, WI 53154

• Credit Card:

Visa MasterCard American Express Discover

Card Number: _____ Exp. Date: _____

Name on Card: _____ CVV Code: _____

Signature: _____

TOTAL: _____

Return this form with your payment. Checks or money orders (in U.S. dollars) payable to AAMAS, 7044 S 13th St., Oak Creek, WI 53154. Credit Card Payments can be faxed to AAMAS at 414-768-8001.