# Ivy Reade Relkin Surveyor Training Grant

# Funded Accreditation Opportunity for Medical Assisting Practitioners

**Application due November 1, 2025**

**Send to Sarah Marino:** [**smarino@maerb.org**](mailto:smarino@maerb.org)

MAERB is proud to announce a new initiative for calendar year 2025, providing an opportunity for a medical assisting practitioner to serve as a guest observer in an accreditation site visit. Grant funds are available to support the expenses (travel, lodging, meals) of a practitioner observing a CAAHEP-accreditation site visit in either the spring (January – June) or fall (August – December) of 2025.

CAAHEP-accreditation visits last for a day and a half at the physical location of a medical assisting education program. The guest observer will be able to learn how medical assisting education programs comply with CAAHEP *Standards and Guidelines* as well as learn how the curriculum is delivered, practicum sites are chosen and evaluated, and how the accreditation process benefits the medical assisting profession.

To apply for this grant, please fill out this application and return it to Sarah Marino ([smarino@maerb.org](mailto:smarino@maerb.org)) by November 1, 2024.

## Criteria for Grant Fund

Please indicate that you have fulfilled all the requirements necessary to participate as a medical assisting practitioner

|  |  |
| --- | --- |
|  | I am currently employed as a medical assistant at least a minimum of 20 hours per week |
|  | I am a graduate of a CAAHEP-accredited medical assisting program |
|  | I have experience with medical assistant education, such as   * part-time faculty, **or** * practicum supervisor/mentor, **or** * Advisory Board committee member |
|  | I hold a current NCCA or ANSI-accredited medical assisting credential: [CMA (AAMA); RMA (AMT); NCMA (NCCT); CCMA (NHA); or CMAC (AMCA)] |

# Application for Ivy Reade Relkin Surveyor Grant

## Demographic Information

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Primary job responsibilities  (i.e., clinical, administrative, or managerial) | Click here to enter text. |
| Medical Assisting Credential | Click here to enter text. |
| Year the Credential Expires | Click here to enter text. |
| Employer | Click here to enter text. |
| Employer Specialty  (family practice, internal medicine, etc) | Click here to enter text. |
| Preferred Email | Click here to enter text. |
| Preferred Phone Number | Click here to enter text. |
| Preferred Address  (City, State, Zip Code) | Click here to enter text. |

## Availability

These questions are designed to determine your availability to attend a site visit. Please answer all 3.

|  |  |
| --- | --- |
| I am able to attend a Site Survey with travel on a Sunday and attending a site visit on Monday and Tuesday with travel home on Tuesday afternoon. | Choose an item. |
| I am able to attend a Site Survey with travel on a Wednesday and attending a site visit on Thursday and Friday with travel home on Friday afternoon. | Choose an item. |
| My employer is willing to provide me with the release time to observe a site visit. | Choose an item. |
|  |  |

## Statement of Interest

In response to this question, please use complete sentences and construct fully developed paragraphs. The form will allow you to paste text from another document. So, if you find it easier to work in a document rather than this form, you can just cut and paste your responses below.

1. Why are you interested in attending a site visit as an observer?

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

## List of Qualifications

|  |  |
| --- | --- |
| **Experience** | **If applicable, enter the years that you served** |
| I serve or have served as an adjunct/part-time faculty member in a CAAHEP-accredited medical assisting program. | Click here to enter text. |
| I serve or have served as a member of a CAAHEP-accredited medical assisting Advisory Board Committee. | Click here to enter text. |
| I serve or have served as an onsite practicum supervisor/mentor for students from CAAHEP-accredited medical assisting program. | Click here to enter text. |

# BACKGROUND INFORMATION

## CAAHEP-Accredited Medical Assisting Program Attended

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Name,**  **City and State** | **Dates Attended** | **Major Area of Study** | **Type of award granted (Cert/Dipl/AAS)** | **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. |

## Healthcare Employment History

(Medical Assisting Practitioners need to be currently working at least 20 hours a week) You need to only include information about your current employer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Dates of Employment | Position Title | Brief description of responsibilities (clinical, administrative, manager/supervisor) | Employment Status  Full-Time or Part-Time |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

## Medical Assisting Teaching Experience (Optional section, if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Dates of Employment | Position Title | Employment Status |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
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