

Southern Illinois Regional

Chapter of Medical Assistants



Date: October 3, 2026

To: Certified Medical Assistants, CMA (AAMA)
Registered Medical Assistants, RMA (AMT)
Medical Assistant – NCMA (NCCT)**

The SIRMA Continuing Education Session will be held on, **Saturday November 7, 2026** in the Commons Room at SWIC's Granite City Campus.

If you have any questions regarding:

Registrations, please contact Sara Baer at msbaer@wisperhome.com

Program, please contact Najla Mitchell at najbaby@att.net

Please continue to pass this information on to any CMA (AAMA) or RMA in your offices. Continuing education is the main reason for SIRMA's existence.

There is still some confusion as to membership status. For clarification copies of the of AAMA Membership vs Certification Card are enclosed. Attendees would be considered **members only if they have a CURRENT, AAMA Membership card**. An attendee that holds membership in another organization other than the AAMA, an expired AAMA membership card or an AAMA certification card only are all considered as nonmembers.

If you are not a member, check out www.aama-ntl.org/membership/join-info. Membership would allow you the member pricing for all SIRMA, Illinois Society and AAMA events or AAMA online CEU activities. Any Medical Assistant can also join the AAMA.**

**It is up to the medical assistant to verify with their credentialing board to see if AAMA credits can be used for recertification.

All registrations are verified with AAMA and if you are not listed as a member, you will be contacted and asked to provide proof of current AAMA membership.

Any attendee whose check is returned for non-sufficient funds (NSF) will be invoiced for \$25.00 to cover banking fees AND will be placed on a cash or money order only for future events.

For more information visit the Illinois Society of Medical Assistants (ISMA) website under Upcoming Events at www.illinoissma.org.

*** It is recommended non-CMA's contact AAMA membership department directly to verify the category of membership you would qualify for.

Southern Illinois Regional Education Session: November 7, 2026

SWIC's Granite City Campus, Commons Room, 4950 Maryville Road, Granite City, IL 62040

Refunds will not be made for cancellations after **10/24/2026**, with exception of a medical emergency.

A healthcare practitioner note is required for refunds to be issued for cancellations after 10/24/2026.

Times	Agenda	CEU
8:00am – 8:30am	Registration/Breakfast– Bagels, Fruit, Juice, Coffee, and Water	
8:30am – 10:00am	What is Chiropractic Medicine	1.5
10:00am – 11:30am	Home Oxygen Therapy/Precertification	1.5
11:30pm – 12:30pm	Lunch	
12:30pm – 2:00pm	Workplace Bullying	1.5
2:00pm to 3:30pm	To Be announced	1.5

** SIRMA reserves the right to change program order and/or topics**

Form and payment must be postmarked by 10/23/2026. Late registration fees will apply for all registrations postmarked 10/23/2026 and after.

Onsite registration without notification is allowed, however food will not be guaranteed for those attendees.

Phone, email, Facebook or verbal notice is not considered early registration

Check One	Registration Categories	Fees	Total Paid
	AAMA Members*	\$25.00	\$
	AAMA Non-Members (CMA and RMA)	\$35.00	\$
	Student (Member or Non-Member)	\$20.00	\$
	Late Registration Fee – If Post Marked on or after 10/23/2026	\$ 9.00	\$
	Total payment		\$

Attendees WILL NOT be admitted if registration and payment is not received. Keep in mind mail delays up to 2 weeks from postmark are possible due to mail routing through St. Louis distribution center.

Make checks payable to: Southern Illinois Regional Medical Assistants

Return form to: Sara Baer, 11441 Pleasant Valley School Road, Trenton, IL 62293

PLEASE PRINT CLEARLY AND IN BLACK INK ONLY

Name Attendee: _____

AAMA Member # _____ Chapter: _____

Title: ☐ CMA (AAMA) ☐ RMA ☐ Student ☐ Other _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone #: _____ Email: _____

☐ Check here if a receipt is needed. ☐ If non-member need last 4 of Social # _____

*****Internal Use Only*****

Postmarked: _____

Total Paid: \$ _____

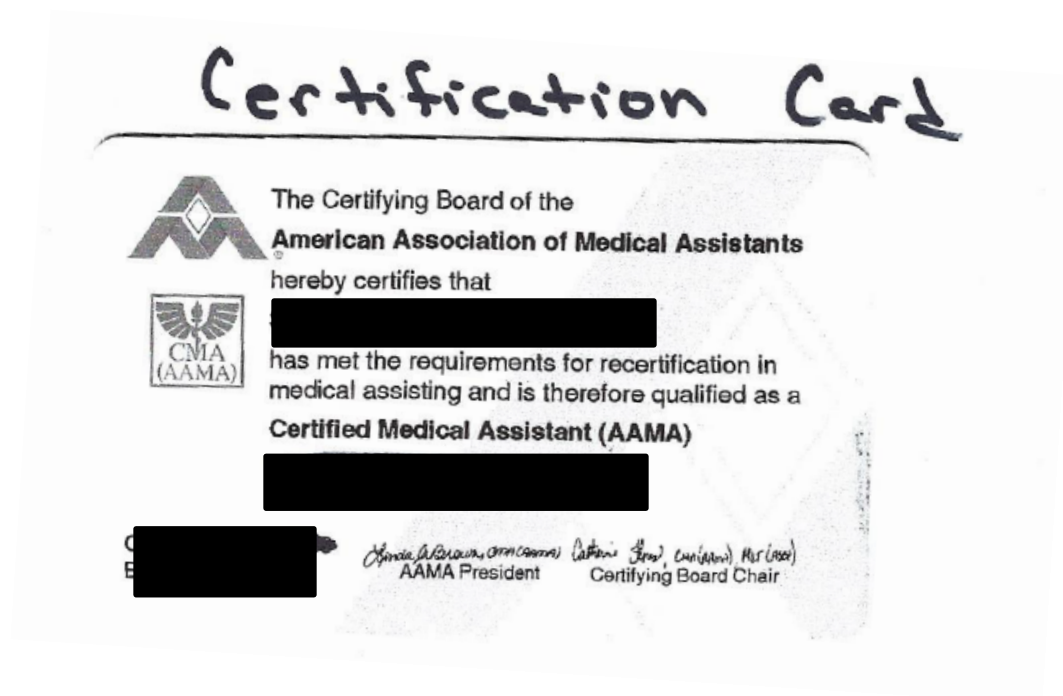
Paid by: Cash Check MO

Check/MO # _____

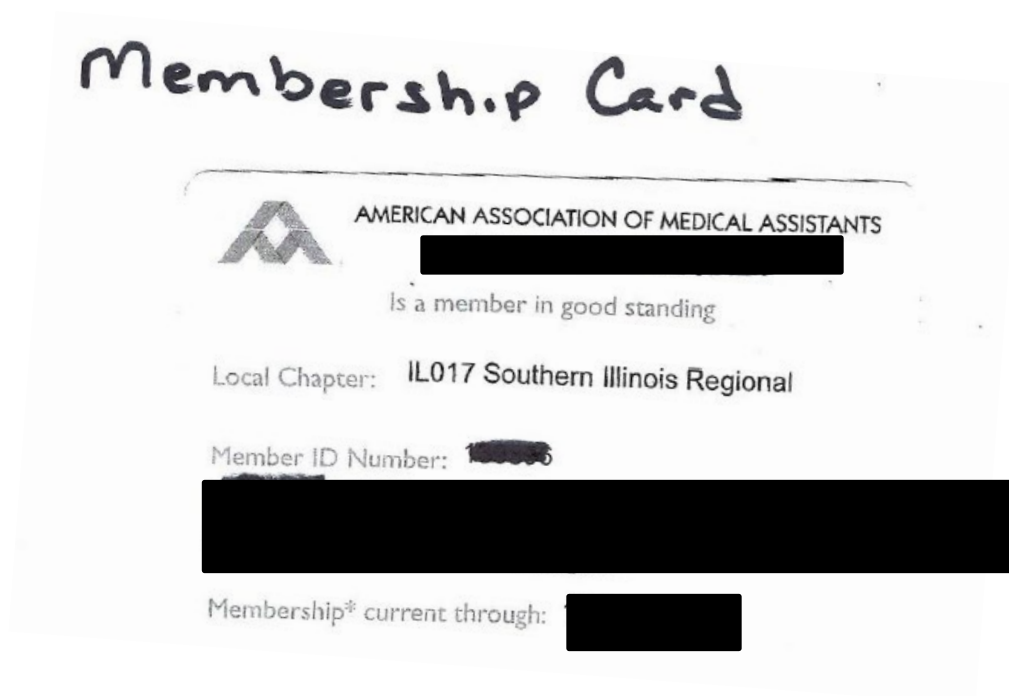
Refund: _____

Notes: _____

If only you only have the card below or a card from another organization other than AAMA you are a **NON-MEMBER**



If you have an American Association of Medical Assistants membership card from ANY chapter/state that is current through 12/31/2026 you are a **MEMBER.**



Granite City Campus

4950 Maryville Road
Granite City, IL 62040
(618) 931-0600

