

## Medical Assistant Letter of Competency

To Whom It May Concern:

This is to certify that \_\_\_\_\_ has demonstrated and completed on the job training as "Medical Assistant" here at \_\_\_\_\_ under the auspices of the undersigned as follows and in compliance with Business and Professions Code Section 2069 and 2070.

**Check all the boxes that apply:**

- A. Ten clock hours of training in venipuncture and skin puncture for the purpose of drawing blood.
- B. Ten clock hours of training in administering injections and performing skin tests.
- C. Satisfactory performance by the trainee of at least ten of each of the following procedures: intramuscular injections, subcutaneous injections, skin tests, venipunctures and other skin punctures performed in the office.
- D. Training A through C above, shall include knowledge of the following:
  - 1. Pertinent anatomy and physiology appropriate to the procedure
  - 2. Demonstrates knowledge and correct use of all medical equipment they are expected to operate within their scope of work.
  - 3. Proper technique including sterile technique
  - 4. Hazards and complications
  - 5. Demonstrates the ability to perform all testing operations reliably and to report results accurately.
  - 6. Patient care following treatments and tests
  - 7. Emergency Procedures
  - 8. California law and regulations for Medical Assistants
- E. Appropriate training and supervisions in all medication administration methods performed within their scope of work.
- F. Demonstrates competency in performing vital signs (oral/tympanic/rectal temperature, respirations, apical/radial pulse, blood pressure and height/length, weight).
- G. Demonstrates competency in performing Snellen screening and audiometric screening.
- H. Demonstrates competency in operating autoclave and/or cold sterilization.
- I. Demonstrate competency in performing EKGs.

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Physician's Signature

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Date

\*\*\*SAMPLE\*\*\*