

## Venipuncture, Injection, and Skin Test Certification

| This is to certify that on the job training as "Medical Assistant" here   |   |   |                  | as demonstrated and completed under the auspices |
|---|---|---|------------------|--|
| of the ui   |   | follows and in compliar   | ce with Business | and Professions Code Section                     |
| В. Т  | C - Property Control of the Control |   |                  |  |
| C. S  | withdrawing blood, and Satisfactory performance by the trainee of at least ten of each of intramuscular, subcutaneous, and intradermal injection and ten skin tests, and/or at least ten  |   |                  |  |
| D. F  | venipuncture and ten skin punctures.  For those only administering medicine by inhalation, ten clock hours of training in administering medical by inhalation.  |   |                  |  |
| E. 1  | <ul> <li>Training A through C above, shall include knowledge of the following:</li> <li>Pertinent anatomy and physiology appropriate to the procedure</li> <li>Choice of equipment</li> </ul>   |   |                  |  |
|   | 4. Haz  | per technique including<br>ards and complications                         | •                |  |
|   | 6. Em   | t treatment and test pa<br>ergency procedure<br>fornia law and regulation |                  | sistants   |
| 7. California law and regulations for medical assistants  In every instance, prior to administration of medicine by a medical assistant, a licensed physician or podiatrist, or another appropriate licensed person shall verify the correct medication and dosage. The supervising physician or podiatrist must authorize any technical supportive services performed by the medical assistant and that supervising physician or podiatrist must be physically present in the treatment facility when procedures are performed, except as provided in section 2069(a) of the code. |   |   |                  |  |
|   | Physic  | cian's Signature  |                  | <br>Date   |
| Provider  | <sup>r</sup> Name:  |   |                  |  |
| Office A  | ddress:   |   |                  |  |

Office Phone Number: