

Medical Assistant Letter of Competency

To Whom It May Concern:

This is to certify that _____ has demonstrated and completed on-the-job training as a Medical Assistant at _____ under the auspices of the undersigned as follows in the compliance with California Code of regulations, Title 16, Chapter 14, section 1366 - 1366.4 and in compliance with the Business Professions code Sections 2069 – 2070.

Check all boxes that apply:

- A. 10 clock hours of administering injections and performing skin tests.
- B. 10 clock hours of venipuncture and skin puncture for the purpose of withdrawing blood.
- C. Satisfactory performance by the trainee of at least ten (10) each of intramuscular, subcutaneous, and intradermal injections and ten (10) skin tests, and/or at least ten (10) venipuncture and ten (10) skin punctures.
- D. Proper training and supervision of the medical assistant in the direct application of pre-measured medication orally, sublingually, topically, vaginally, or rectally; or by providing a single dose to a patient for immediate self-administration by inhalation or by simple injection.

Training in A through D included instruction and demonstration in:

- 1. Pertinent anatomy and physiology appropriate to the procedures**
- 2. Knowledge and correct use of all medical equipment expected to operate within their scope of work**
- 3. Proper technique including sterile technique**
- 4. Hazards and complications**
- 5. Perform simple laboratory and screening tests customarily performed in a medical office**
- 6. Patient care following treatments and tests**
- 7. California laws and regulations for Medical Assistants**

- E. Demonstrates competency collecting and recording vital signs including pulse, respiration rate, blood pressure and basic information about the presenting and previous conditions.
- F. Demonstrates competency in performing EKG's.
- G. Demonstrates competency in performing Snellen screening and audiometric screening.
- H. Demonstrates competency relaying member's medical information and provider instructions back to the member.
- I. Demonstrates competency in operating autoclave and/or cold sterilization.

Facilities that have pediatric patients (under 21 years old) evidence of completed training (valid for 4 years) in:

- Anthropometric Measurements: Collecting and recording patients' data, including head circumference, height, weight, BMI and plotting values on WHO and CDC growth charts.
- Hearing Screening: Performing audiometric testing, not requiring interpretation by the medical assistant to obtain test results.
- Vision Screening: Performing visual field testing, simple or automated ophthalmic testing, not requiring interpretation by the medical assistant to obtain test results.
- Dental Services: screening for dental home and applying fluoride varnish.

Training modules are available at the DHCS website: <https://www.dhcs.ca.gov/services/chdp/Pages/Training.aspx>.

Physician's Name

Physician's Signature

Date