

Medical Assistant Letter of Competency

To Whom It May Concern:

This is to certify that _____ has demonstrated and completed a **minimum of ten (10) clock hours** of on-the-job training, for the procedures specified below, at _____ under the auspices of the undersigned as follows and in compliance with Business Professions code Sections 2069 – 2070 and California Code of Regulations Title 16, Article 2, Section 1366 – 1366.4 .

Check all boxes that apply:

- ☐ A. Administering injections and performing skin tests.
- ☐ B. 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.

Pediatric preventive care screenings for ages 0 to 20 years based on the American Academy of Pediatrics requirements. Training modules are available at the DHCS website: <https://www.dhcs.ca.gov/services/chdp/Pages/Training.aspx>.

- _____ 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: Performing oral and fluoride screenings, establish dental home, referral to a dentist at least annually and applying fluoride varnish.

Physician's Name

Physician's Signature

Date

Revised 2-12-24 CMC