

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 § 2069 and 2070 and California Code of Regulations Title 16, § 1366. 1366.1. 1366.1, 1366.3 and 1366.4.

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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Pediatric preventive care screenings for ages 0 to 20 years guided by the American Academy of Pediatrics requirements. Please refer to training links below.

- ☐ J. Anthropometric Measurements: Accurately obtaining and documenting patients' anthropometric data, including head circumference, height, weight, BMI, and plotting values on WHO and CDC growth charts.
- ☐ K. Hearing Screening: Conducting audiometric screenings to directly obtain results without requiring interpretive analysis or results by the medical assistant.
- ☐ L. Vision Screening: Conducting vision screenings, including visual field and basic ophthalmic tests, to directly obtain results without the need for medical assistant interpretation.
- ☐ M. Dental Services: Performing oral and fluoride screenings, establish dental home, referral to a dentist at least annually and applying fluoride varnish.

Anthropometric Measurements:

- [Measuring Children's Height and Weight | BMI | CDC](#)
- <https://wwwn.cdc.gov/nchs/data/nhanes/public/2021/manuals/2021-Anthropometry-Procedures-Manual-508.pdf>

Hearing Screening:

- [DHCS/CHDP Audiometric Screening Play Audiometry](#) YouTube
- [County of Riverside CHDP – Audiometric Materials](#)

Vision Screening:

- [Preschool Eye Screening, Made Fast, Easy, and Accurate: Guidelines for Primary Care Providers](#)
- [County of Riverside CHDP – Vision Training Materials](#)
- AAP Nevada Chapter - Practical Aspects of Vision Screening for the Pediatrician (YouTube)
<https://youtu.be/kcluMd591Xo?si=iz3QLIGg1VXDsges>

Dental Services:

- [All Courses | Smiles for Life Oral Health](#)

Physician's Signature

Date

SAMPLE