Medical Assistant Letter of Competency

| To Wh | /hom It May Concern: | | |
|---------|--------------------------------------------------------------------------------------------------|-----------------------------------|--|
| This is | is to certify thatha | s demonstrated and completed | |
| on the | ne job training as "Medical Assistant" here at | under the auspices | |
| of the | e undersigned as follows and in compliance with Business a | nd Professions Code § 2069 and | |
| 2070 a | and California Code of Regulations Title 16, § 1366. 1366.1 | . 1366.1, 1366.3 and 1366.4. | |
| Check | k all the boxes that apply: | | |
| ☐ A. | Ten clock hours of training in venipuncture and skin punc drawing blood. | ture for the purpose of | |
| □ в. | Ten clock hours of training in administering injections and performing skin tests. | | |
| ☐ c. | C. Satisfactory performance by the trainee of at least ten of each of the following | | |
| | procedures: intramuscular injections, subcutaneous injections | ctions, skin tests, venipunctures | |
| | and other skin punctures performed in the office. | | |
| □ D. | D. Training A through C above, shall include knowledge of the | ne following: | |
| | 1. Pertinent anatomy and physiology appropriat | e to the procedure | |
| | 2. Demonstrates knowledge and correct use of a | ll medical equipment they are | |
| | expected to operate within their scope of wo | rk. | |
| | 3. Proper technique including sterile technique | | |
| | 4. Hazards and complications | | |
| | 5. Demonstrates the ability to perform all testing | goperations reliably and to | |
| | report results accurately. | | |
| | 6. Patient care following treatments and tests | | |
| | 7. Emergency Procedures | | |
| | 8. California law and regulations for Medical Ass | istants | |
| ∐ E. | E. Appropriate training and supervisions in all medication ac | dministration methods | |
| | performed within their scope of work. | | |
| ∐ F. | F. Demonstrates competency in performing vital signs (oral/tympanic/rectal ter | | |
| | respirations, apical/radial pulse, blood pressure and heig | ht/length, weight). | |
| ∐ G. | $Demonstrates\ competency\ in\ performing\ Snellen\ screening\ and\ audiometric\ screening.$ | | |
| ∐ н. | Demonstrates competency in operating autoclave and/or cold sterilization. | | |
| 1 I 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 the training link below:

<u>California Collaborative Site Review Training - YouTube</u>

| □ J. □ к. □ L. □ м. | Anthropometric Measurements: Accurately obta anthropometric data, including head circumferent values on WHO and CDC growth charts. Hearing Screening: Conducting audiometric screen requiring interpretive analysis or results by the movision Screening: Conducting vision screenings, in tests, to directly obtain results without the need Dental Services: Performing oral and fluoride screenings and applying fluoride without the need pental services. | ce, height, weight, BMI, and plotting inings to directly obtain results without nedical assistant. Including visual field and basic ophthalmic for medical assistant interpretation. Elenings, establish dental home, referral to | | |
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| For additional training resources please refer to the Online Resources for Required Employee | | | | |
| Training L | | | | |
| | Physician's Signature | Date | | |

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