Medical Assistant Letter of Competency

To Wh	nom It May Concern:		
This is	to certify that	has demonstrated and completed	
on the	e job training as "Medical Assistant" here at	under the auspices	
of the	undersigned as follows and in compliance with Busin	ess and Professions Code § 2069 and	
2070 a	and California Code of Regulations Title 16, § 1366. 13	366.1. 1366.1, 1366.3 and 1366.4.	
Check	all the boxes that apply:		
□ A.	Ten clock hours of training in venipuncture and skin drawing blood.	puncture for the purpose of	
□ в.	Ten clock hours of training in administering injection	ns and performing skin tests.	
	Satisfactory performance by the trainee of at least t		
	procedures: intramuscular injections, subcutaneous	s injections, skin tests, venipunctures	
	and other skin punctures performed in the office.		
□ D.	Training A through C above, shall include knowledge	e of the following:	
	1. Pertinent anatomy and physiology appro	priate to the procedure	
	2. Demonstrates knowledge and correct us	e of all medical equipment they are	
	expected to operate within their scope of	of work.	
	3. Proper technique including sterile techni	que	
	4. Hazards and complications		
	5. Demonstrates the ability to perform all to	esting operations reliably and to	
	report results accurately.		
	6. Patient care following treatments and te	sts	
	7. Emergency Procedures		
	8. California law and regulations for Medica	al Assistants	
☐ E.	Appropriate training and supervisions in all medicat	ion administration methods	
	performed within their scope of work.		
☐ F.	F. Demonstrates competency in performing vital signs (oral/tympanic/rectal tempera		
	respirations, apical/radial pulse, blood pressure and	l height/length, weight).	
☐ G.	Demonstrates competency in performing Snellen screening and audiometric screening.		
□ н.	Demonstrates competency in operating autoclave and/or cold sterilization.		
□ I.	Demonstrate competency in performing EKGs.		

Revised 12/18/23 1

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	tric preventive care screenings for ages 0 to 20 years guided by the American Academy of trics 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.		
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L.	Vision Screening: Conducting vision screenings, including visual field and basic ophthalmic tests, to directly obtain results without the need for medical assistant interpretation.		
	. Dental Services: Performing oral and fluoride screenings, establish dental home, referral to a dentist at least annually and applying fluoride varnish.		
Anthrop	ometric Measurements:		
•	Measuring Children's Height and Weight BMI CDC		
•	2017 Anthropometry Procedures Manual.pdf (cdc.gov)		
Hearing Screening:			
•	DHCS/CHDP Audiometric Screening Play Audiometry YouTube		
•	County of Riverside CHDP – Audiometric Materials		
Vision Screening:			
•	<u>Preschool Eye Screening, Made Fast, Easy, and Accurate: Guidelines for Primary Care Providers</u>		
•	County of Riverside CHDP – Vision Training Materials		
•	AAP Nevada Chapter - Practical Aspects of Vision Screening for the Pediatrician (YouTube) https://youtu.be/kcluMd591Xo?si=iz3QLIGg1VXDsqes		
Dental Services: • All Courses Smiles for Life Oral Health			
	Physician's Signature Date		

Revised 12/18/23 2

SAMPLE