

Medical Assistant Certificate

This is to certify that _____ has demonstrated and completed on-the-job training as a Medical Assistant under the auspices of the undersigned as follows and in compliance with Business and Professions Code section 2069 and 2070 and the California Code of regulations, Title 16, Chapter 14, Sections 1366. 1366.1, 1366.3 and 1366.4.

Please initial the areas of training:

___ Ten (10) clock hours of training in venipuncture and skin puncture for the purpose of drawing blood.

___ Ten (10) clock hours of training in administering injections and performing skin tests.

___ Satisfactory performance by the trainee of at least ten (10) of each of the following procedures: intramuscular injections, subcutaneous injections, skin tests, venipunctures and other skin punctures performed in the office.

(All the training above, shall include knowledge of the following: Pertinent anatomy and physiology appropriate to the procedure; choice of equipment; proper technique including sterile technique; hazards and complications; post treatment and test patient care; emergency procedure; California law and regulations for medical assistants.)

___ Preparing patients for and assisting in exams, procedures, positioning, draping, shaving, and disinfection of treatment sites.

___ Performing, collecting, and recording vital signs including pulse, respiration rate, blood pressure, and basic information about the presenting and previous conditions.

___ Performing simple lab and screening tests, customarily performed in a medical office.

___ Non-Invasive collecting and preserving specimens for testing, including urine, sputum, semen, and stool.

___ Assisting patients in ambulation and transfers.

___ Performing ear lavage to remove impacted cerumen.

___ Removing sutures or staples from superficial incisions or lacerations.

___ Applying and removing bandages, dressings, orthopedic appliances, removing casts, splints, and other internal devices.

___ Administering medications orally, sublingually, topically, vaginally, rectally, or by providing a single dose to a patient for immediate self-administration.

___ Performing an electrocardiogram.

___ Other: _____

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, and 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, establishing a dental home, referral to a dentist at least annually and applying fluoride varnish.

PHYSICIAN'S SIGNATURE

PROVIDER NAME

DATE

Office Address: _____ Office Telephone Number: _____