

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 California Code of regulations, Title 16, Chapter 14, Sections 1366. 1366.1, 1366.3 and 1366.4

Please initial the areas of training:

- _____ Preparing patients for and assisting in exams, procedures, positioning, draping, shaving and disinfection 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 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, 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 Signature

Date

Provider Name: _____

Office Address: _____

Office Telephone Number: _____