For California MA Candidates

Multiskilled Medical Certifications Institute, Inc.
7007 College Blvd., Ste. 385, Overland Park, KS 66211
Phone 800.875.4404; Fax 913.498.1243
Office Hours: M-F 7:30am - 7:00pm CST
Saturday 9:00am - 3:00pm CST

TE-0209QE

Medical Assistant Certification Qualification by Experience

(Official Documentation of Route 2)

Rev: September 2016

To be completed by the applicant: (Please return this form to MMCI with your application.)

Name of applicant _____

Today's Date (MM/DD/YYYY) _____

To be completed by the applicant's direct patient care supervisor: (Licensed Physician or Primary Care Provider).

The person named above is applying for certification in their role as a Medical Assistant. In lieu of successful completion of an eligible Medical Assistant program, the applicant is qualifying through work experience (MMCI Route 2 - Qualification by Experience). As such, the applicant must have documentation reflecting a minimum of two (2) years full-time work experience, within the past five (5) years, including performance in each of the critical skills for Medical Assistants. Each employer may only verify work experience performed at their own facility.

Verification Statement: Minimum Critical Skill Competency Requirements

By signing this form, I am verifying the applicant named above is competent (safe, consistent, and successful) in performing each of the critical skill areas as identified below. (Note: Actual patient care verification in an ambulatory care, medical office, or clinic environment is required – ***simulated clinical experiences or mannequin punctures do not meet qualification criteria***). Please verify competency by providing your initials next to each critical skill that you are attesting to, within the Medical Assistant scope of practice/employment, according to individual state laws. Your signature and legible information are required for valid completion of this form.

Critical Skill Performance Competency	***Initials***
Venipuncture	
Capillary puncture	
Medication Administration *(to include injection, SQ, ID, IM)*	
ECG Performance	
Sterile Technique *(to include all aspects of sterile technique such as hand hygiene, gloving, asepsis, sterile procedure set up and assist)*	
Vital Signs/Measurements *(to include daily, accurate performance of critical health measurements: B/P, R, P, T, Ht, Wt, BMI, Pulse Ox)*	
Additional comments *(optional):*	

The applicant's employment dates from _____ / _____ through _____ / _____ .
month *year* *month* *year*

Today's Date: MM/DD/YYYY _____

Supervisor/Verifier Contact Information:

Supervisor/Verifier Signature _____

Supervisor/Verifier Printed Name _____

Company Name _____

Supervisor's Title _____

Address _____ City, State, Zip _____

Phone _____ Email _____