

STATEMENT OF PROFICIENCY

Employed or previously employed medical assistants applying for Clinical Certification are required to have:

the proficiency statement below signed by your physician-employer.

I hereby certify that my current/previous (circle one) medical assistant _____ is/was working within the Scope of Practice for a Medical Assistant and is proficient in administering injections *and/or* performing venipunctures.

Physician (Print Name)

Physician's Signature (MD, DO, DPM)

Date

Official office stamp

Phone

