

STATEMENT OF PROFICIENCY

Medical Assisting Instructors employed in an accredited/approved educational facility In the US are required to have:

The proficiency statement below **MUST** be signed by your Medical Program Director.

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

Medical Program Director (Print Name)

Signature

Date

Official school stamp

Phone

