

STATEMENT OF PROFICIENCY

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

the proficiency statement below signed by your employer (Physician, Nurse Practitioner or Physician Assistant).

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)

Signature (MD, DO, DPM, NP or PA only)

Date

Phone

Official office stamp (address info)