

Date: _____

To whom it may concern:

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 13, Sections 1366, 1366.1, 1366.2, 1366.3 and 1366.4:

- A. Ten clock hours of training in administering injections and performing skin tests.
- B. Ten clock hours of training in venipuncture and skin puncture for the purpose of withdrawing blood.
- C. Satisfactory performance of at least ten each of intramuscular, subcutaneous, and intra-dermal injections, and ten skin tests, and/or at least ten venipunctures and ten skin punctures.
- D. For those only administering medication by inhalation, ten clock hours of training in administering medication by inhalation.
- E. Training in A through D above has included instruction and demonstration in:
 - 1. Pertinent anatomy and physiology appropriate to the procedures
 - 2. Choice of equipment
 - 3. Proper techniques including sterile technique
 - 4. Hazards and complications
 - 5. Patient care following treatment or test
 - 6. Emergency procedures
 - 7. California law and regulations for medical assistants
- F. Trained and has demonstrated to the satisfaction of instructor, understanding of purposes and techniques of infection control following CDC's "Guidelines for Infection Control in hospital Personnel" (July 1983).

Sincerely Yours,

Provider's Signature _____

Provider's Status _____