

Directions for Competency Checklist

REGISTERED MEDICAL ASSISTANT (RMA)

Applicant: Provide the COMPETENCY CHECKLIST for your certification to your current or previous instructor, evaluator, supervisor, or designated human resources representative for completion. The form must be completed by the individual evaluating the applicant's competencies. AMT will only review and process documentation if an active application is on file.

For direct submission by the applicant

If the applicant is submitting the completed COMPETENCY CHECKLIST directly to AMT, the form must either:

- Be accompanied by a Letter of Authenticity from the organization**

The letter must be printed on the organization's company letterhead stating that the COMPETENCY CHECKLIST form was completed, signed, and dated by the applicant's instructor, supervisor, or an authorized human resources representative.

If an applicant is submitting COMPETENCY CHECKLISTS from multiple organizations, each form must include either a letter of authenticity or a stamp/seal from that specific organization that verified the competencies.

OR

- Bear the employer's company seal or stamp**

The COMPETENCY CHECKLIST must contain the employer's company stamp or seal, which must be embossed on the form. AMT cannot accept digital seals and/or logos.

COMPETENCY CHECKLISTS submitted by an applicant without either a Letter of Authenticity or the employer's stamp/seal WILL NOT BE ACCEPTED.

For submission by the organization

If the organization is submitting the completed COMPETENCY CHECKLIST directly to AMT on behalf of the applicant, a Letter of Authenticity or company stamp or seal is not required:

- The completed COMPETENCY CHECKLIST must be submitted directly from the organization's professional email address. Personal email providers such as @yahoo, @gmail, and @hotmail **are not** accepted as business email addresses.

Email completed documentation to documents@americanmedtech.org for review.

Clinical Procedural Tasks		
Competencies	<i>All tasks where competency has been demonstrated must be initialed below.</i>	Evaluator's Initials (initial each task)
A.	Clean patient rooms or patient treatment rooms for patient examinations,	
B.	Prepare patient rooms or patient treatment rooms for patient examinations,	
C.	Clean and sterilize medical equipment and instruments.	
D.	Dispose of contaminated supplies and biomedical waste in accordance with standards	
E.	Operate medical equipment such as electrocardiograms (EKG) or other equipment to administer routine diagnostic tests.	
F.	Prepare and administer medications under the direction of the provider.	
G.	Assist providers with medications and immunizations as permitted by regulations	
H.	Apply bandages, dressings, or splints and change dressings on wounds	
I.	Assist practitioners in medical procedures, such as handing instruments or materials and removing sutures.	
J.	Conduct diagnostic tests (routine laboratory tests and sample analyses) to determine patient health	
K.	Prepare and set up medical instruments or equipment for use.	
Has the applicant completed all competencies listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Completed
		Evaluator's Initials

Clinical Patient Interaction		
Competencies	<i>All tasks where competency has been demonstrated must be initialed below.</i>	Evaluator's Initials (initial each task)
A.	Assess physical conditions of patients to aid in diagnosis or treatment	
B.	Interview patients to obtain medical information and measure their vital signs, weight, and height.	
C.	Document patients' medical history, vital statistics, or other health information such as test results in medical records.	
D.	Explain technical and medical information such as treatment procedures, medications, diets, and provider instructions to patients.	
E.	Assist providers in treating patients (applying basic health care and medical treatments) as permitted by regulations.	
F.	Collect biological specimens from patients (blood, tissue, or other laboratory specimens), log them, and prepare them for testing.	
Has the applicant completed all competencies listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Completed
		Evaluator's Initials

I am a current/previous instructor, evaluator, supervisor, or designated Human Resources representative. I attest that the information above is accurate and fairly represents the duties performed and competencies attained by the applicant.

Name (Print): _____ Title: _____

Signature: _____ Date: _____

If submitted by the applicant, this document must include either the company's stamp/seal or be accompanied by a Letter of Authenticity from your educational organization or current/previous employer. The Letter of Authenticity must be printed on the organization letterhead stating that the evaluation form was completed, signed, and dated by an instructor, evaluator, supervisor, or human resources representative. Evaluation documents sent directly from an evaluator's or employer's professional email will not require a Letter of Authenticity or company stamp/seal.

Email completed documents to documents@americanmedtech.org for review. Documents will only be reviewed if an active application is on file.