

Registered Medical Assistant / Medical Assistant/ Nursing

Indicate your experience/proficiency by checking the following:

____ Vital signs

____ Phlebotomy

____ EKG's

____ Injections

____ Intramuscularly (IM)

____ Subcutaneously (SQ)

____ Intradermal (ID)

____ Ear irrigations

____ Holter monitors

____ Pulmonary functions tests

____ Nebulizers

____ Patient call backs (concerning patient problems)

____ Medication calls to pharmacies or written prescriptions

____ Patient assistant programs

____ PT/TNR (finger stick)

____ BioZ

____ Nerve conduction studies

____ **Are you willing to learn the above that you are not proficient in?**

Employee Signature

Date

File: MA Proficiency