Medical Assistant Certification
Critical Skill Competency/
Qualification by Experience Documentation

NCCT
NATIONAL CENTER FOR COMPETENCY TESTING

For California MA Candidates
Phone 800.875.4404
Fax 913.498.1243
www.ncctinc.com

To be completed by the applicant: (Please return this form to MMCI with your application.)

Name of applicant _____

Today's Date (MM/DD/YYYY) _____ NCCT User ID # _____

The remainder of this form is to be completed by the applicant's direct patient care supervisor which may include, but not limited to, a Licensed Physician or Primary Care Provider.

The person named above is applying for certification in the field of Medical Assistant. In lieu of successful completion of an eligible Medical Assistant program, the applicant is qualifying through work experience. As such, the applicant must have documentation reflecting a minimum of one (1) year full-time work experience, within the past five (5) years as a Medical Assistant, including performance in each of the critical skills for Medical Assistants. In order to determine the eligibility of the applicant, we require verifiable documentation of knowledge, education, training, and proficiency in the critical skill areas as identified below. Please complete the documentation below. Only 1 direct patient care supervisor per page. Each employer may only verify work experience at their own facility.

Note: This page may be photocopied if more than one employer or direct patient supervisor will be verifying cases and providing documentation.

Critical Skill Performance Competency	***Initials***
Venipuncture	
Capillary puncture	
Medication Administration *(to include injection, SQ, ID, IM)*	
ECG Performance	
Sterile Technique *(to include all aspects of sterile technique such as hand hygiene, gloving, asepsis, sterile procedure set up and assist)*	
Vital Signs/Measurements *(to include daily, accurate performance of critical health measurements: B/P, R, P, T, Ht, Wt, BMI, Pulse Ox)*	
Additional comments *(optional):*	

If this applicant was employed by your organization in a full time capacity in the last 5 years and that employment includes successful performance in the critical skills, please provide the dates of full time employment (defined by NCCT as 40 hours per week). Each employer may only verify work experience performed at their own facility.

The applicant successfully performed the skills attested to through: ____ employment experience ____ educational training.

from _____ / _____ through _____ / _____ or ____ Present.
month *year* *month* *year*

Note: If selecting educational training and your school's program does not have an approved NCCT Program Eligibility Application, your Critical Skill Performance Competency must be earned through employment or volunteering in a clinical setting and signed by your supervisor.

Verification Statement: Minimum Critical Skill Competency Requirements

By signing this form, I am verifying the applicant named above is competent (safe, consistent, and successful) in performing each of the critical skill areas as identified above. (Note: Actual patient care verification in an ambulatory care, medical office, or clinic environment is required – ***simulated clinical experiences or mannequin punctures do not meet qualification criteria***). Please verify competency by providing your initials next to each critical skill that you are attesting to, within the Medical Assistant scope of practice/employment, according to individual state laws. Your signature and legible contactable information are required for valid completion of this form.

Today's Date: MM/DD/YYYY _____

Supervisor/Verifier Contact Information:

Supervisor/Verifier Signature _____

Supervisor/Verifier Printed Name _____

Company Name _____

Supervisor's Title _____

Address _____ City, State _____ Zip _____

Phone _____ Email _____

Note: The Supervisor that signs this document must be able to be contacted. School may not verify skills or employment. Employment and skills are to be verified in a clinical setting by employer.