

Directions for Competency Checklist

CERTIFIED MEDICAL LABORATORY ASSISTANT (CMLA)

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.

CERTIFIED MEDICAL LABORATORY ASSISTANT (CMLA) Competency Checklist

Section 1: Applicant Information *(The applicant is to complete this section.)*

Applicant's First Name	Last Name	AMT ID #
Email	Date of Birth	

Section 2: Training Provider Information *(The training provider is to complete this section.)*

(Current or previous instructor, evaluator, supervisor, or designated human resources representative only)

The individual named above has applied to American Medical Technologists (AMT) for the certification indicated above. The candidate listed your facility as a present or former school/employer/training provider. Please assist us by verifying this applicant's competencies to determine their eligibility for certification.

Name of Business/Organization	Phone Number
Mailing Address	Business Email
City	State/Province/Country
Zip	
Name of Evaluator	Evaluator's Title

Section 3: Competency Assessment *(The training provider must complete this section.)*

(Current or previous instructor, evaluator, supervisor, or designated human resources representative only)

Please complete the competency assessment for the above applicant in the following areas.

Laboratory Safety and Quality

Competencies <i>All tasks where competency has been demonstrated must be initialed below.</i>	Evaluator's Initials <i>(initial each task)</i>		
A. Demonstrate appropriate infection control and safety techniques and practices (<i>hazardous material handling, follow OSHA standards, use of PPE, etc.</i>)			
B. Perform quality control/quality assurance within lawful scope of practice			
Has the applicant completed all competencies listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date Completed</td> <td style="width: 50%;">Evaluator's Initials</td> </tr> </table>	Date Completed	Evaluator's Initials
Date Completed	Evaluator's Initials		

Pre-examination (Pre-analytic) Considerations

Competencies <i>All tasks where competency has been demonstrated must be initialed below.</i>	Evaluator's Initials <i>(initial each task)</i>		
A. Correctly identify patients and prepare them for tests			
B. Successfully collect specimens via venipuncture			
C. Successfully collect specimens via capillary punctures			
D. Properly handle and process specimens after collection (<i>blood and non-blood samples</i>)			
E. Collect non-blood specimens (<i>e.g., swabs for throat cultures or other rapid diagnostic tests</i>) if any are applicable.			
F. Articulate special specimen collection requirements (<i>timing considerations, specific collection instructions, storage, etc.</i>)			
Has the applicant completed all competencies listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date Completed</td> <td style="width: 50%;">Evaluator's Initials</td> </tr> </table>	Date Completed	Evaluator's Initials
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Examination (<i>Analytic</i>) Considerations (<i>perform tests within lawful scope of practice</i>)*		
Competencies <i>All tasks where competency has been demonstrated must be initialed below.</i>	Evaluator's Initials <i>(initial each task)</i>	
A. Demonstrate proper use of instruments		
B. Maintain and calibrate instrumentation		
C. Perform, assist, prepare, or observe point-of-care and waived clinical chemistry tests within scope*		
D. Perform, assist, prepare, or observe point-of-care and waived coagulation tests within scope*		
E. Perform, assist, prepare, or observe point-of-care and waived hematologic tests within scope*		
F. Perform, assist, prepare, or observe point-of-care and waived immunological, serological, and immunohematological tests within scope*		
G. Using aseptic techniques, process microbiologic specimens		
H. Prepare and stain Gram stain slides for further analysis*		
I. Perform, assist, prepare, or observe point-of-care and waived tasks and analyses on urine within scope*		
Has the applicant completed all competencies listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed	Evaluator's Initials

**If the lawful scope of practice restricts an individual to assisting, observing, or otherwise gaining limited exposure to the procedures in question, such experience may be accepted toward eligibility. A notation must be included alongside the affected competency indicating the reason for the modification (e.g., 'Outside the legal scope of practice for a lab assistant in Michigan') and describing the manner in which the competency was assessed (e.g., providing assistance, preparing, observing, equipment loading, etc.)*

General Office Considerations		
Competencies <i>All tasks where competency has been demonstrated must be initialed below.</i>	Evaluator's Initials <i>(initial each task)</i>	
A. Employ professional mannerisms and behavior in the conduct of duties		
B. Report normal and abnormal results to include critical values		
C. Employ tenets of HIPAA confidentiality and record release		
D. Chart or file laboratory-generated reports properly		
E. Maintain inventory levels, order and restock supplies		
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.