

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.

REGISTERED MEDICAL ASSISTANT (RMA) 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

Experience Gained

Type of Experience Evaluated: ☐ Externship ☐ Apprenticeship
 ☐ Secondary Education Program ☐ Workforce Development Program

Dates of Experience: From (mm/dd/yy) _____ To (mm/dd/yy or current) _____

Hours completed for Externship, Apprenticeship, or On-The-Job Training: _____

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.

Note: All tasks must be performed under the direction of a healthcare provider.

Administrative Medical Assisting

Competencies <i>All tasks where competency has been demonstrated must be initialed below.</i>	Evaluator's Initials <i>(initial each task)</i>
A. Process medical billing information, including completing insurance forms	
B. Keep financial records or perform other bookkeeping duties, such as handling credit or collections or mailing monthly statements to patients.	
C. Perform clerical work in medical settings <i>(general office duties, answering telephones, taking dictation)</i>	
D. Schedule appointments for patients.	
E. Contact medical facilities or departments to schedule patients for tests or admission.	
F. Inventory and order medical, lab, or office supplies or equipment.	
G. Control prescription refills or authorizations; communicate prescription information to pharmacies under the direction of the provider.	
Has the applicant completed all competencies listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed Evaluator's Initials

Clinical Procedural Tasks		
Competencies	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	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.