



## MEDICAL ASSISTANT SKILLS CHECKLIST

| Name:  | Date:   |
|--|---|
| This self evaluation is for assessing your experience in   | specific clinical areas. This self evaluation will not be a |
| determining factor in accepting your application to become | ome an employee of ExecuTeam Staffing.                      |

| 1 = No Experience | 2 = Limited<br>Experience | 3 = Experienced | 4 = Highly Skilled |
|-------------------|---------------------------|-----------------|--------------------|
|-------------------|---------------------------|-----------------|--------------------|

| No Experience | Limited<br>Experience | Experienced | Highly Skilled |  |
|---------------|-----------------------|-------------|----------------|--|
| Infants       |                       |             |                |  |
|               |                       |             |                | Height                                     |
|               |                       |             |                | Weight                                     |
|               |                       |             |                | Head Circumference                         |
|               |                       |             |                | Temperature                                |
|               |                       |             |                | Hemoglobin Screening                       |
|               |                       |             |                | Injections                                 |
|               |                       |             |                | Calculating dosages                        |
|               |                       | ]           | Pediatric/Adol | escent                                     |
|               |                       |             |                | Height                                     |
|               |                       |             |                | Weight                                     |
|               |                       |             |                | Temperature                                |
|               |                       |             |                | Pulse                                      |
|               |                       |             |                | Respiration                                |
|               |                       |             |                | Screen for Vision                          |
|               |                       |             |                | Audiometric Screening (Screen for Hearing) |
|               |                       |             |                | Hemoglobin Screening                       |
|               |                       |             |                | CHDP (Vaccine for Immunizations)           |
|               |                       |             |                | Injections                                 |
|               |                       |             |                | Calculating dosages                        |
|               |                       |             |                | Blood Withdrawal                           |
|               |                       |             |                | Urine Dipstick/Urinalysis                  |
|               |                       |             |                | Spirometry                                 |
|               |                       |             |                | Prepare Breathing Treatment for Asthma     |
|               |                       |             | Adults         |  |
|               |                       |             |                | Vitals                                     |
|               |                       |             |                | Application of Ortho Appliances            |
|               |                       |             |                | Cast Removal                               |
|               |                       |             |                | Accu-check                                 |
|               |                       |             |                | Urine Dipstick/Urinalysis                  |
|               |                       |             |                | Assist with Physical Exam                  |
|               |                       |             |                | Pregnancy Tests                            |
|               |                       |             |                | Assist with ultrasound                     |
| No Experience | Limited<br>Experience | Experienced | Highly Skilled |  |

|   |          | Tulications                                    |
|---|----------|--|
|   |          | Injections                                     |
|   |          | Calculating dosages                            |
|   |          | Blood Withdrawal                               |
|   |          | Venipuncture                                   |
|   |          | Phlebotomy                                     |
|   |          | Hematocrit                                     |
|   |          | Hemoglobin Screening                           |
|   |          | EKG, ECG                                       |
|   |          | Halter Monitor                                 |
|   |          | Stress Treadmill                               |
|   |          | Spirometry                                     |
|   |          | Prepare sterile trays                          |
|   |          | Pap Smear set-up                               |
|   |          | Assist with Pap exam                           |
|   |          | Collect Specimens                              |
|   |          | Sterilization/Autoclave                        |
|   |          | Assist with surgeries and/or biopsies          |
|   |          | Application of dressings and bandages          |
|   |          | Removal of Sutures                             |
|   |          | Ear Lavage                                     |
|   |          | Pulmonary Aid (Nebulizer)                      |
|   |          | Glucometer                                     |
|   |          | Pharmacy Calls for Refills                     |
|   |          | Stock rooms with supplies, instruments, linens |
|   |          | Order Supplies                                 |
|   |          | Inventory Control                              |
|   |          | Front Office and Billing                       |
|   |          | Chart preparation                              |
|   |          | Medical Release/Med Records                    |
|   |          | Transfer Information/Med Records               |
|   |          |  |
|   |          | Accounting                                     |
|   |          | Bookkeeping                                    |
|   |          | Filing/Purge/Archive                           |
|   |          | ICD-9, CPT codes                               |
|   |          | Accounts Payable                               |
|   |          | Accounts Receivable                            |
|   |          | Verify Eligibility                             |
|   |          | Processing Insurance Claims                    |
|   |          | Insurance Billing:                             |
|   |          | Pegboard                                       |
|   |          | Manual   |
|   |          | Computer - name of software:                   |
|   |          | 1.   |
|   |          | 2.   |
|   |          | 3.   |
|   |          | 4.   |
| 1 | <u> </u> |  |

The information I have given you is true and accurate to the best of my knowledge, and I hereby authorize ExecuTeam Staffing to release this Skills Checklist to staffing clients of ExecuTeam Staffing. Submit this skills self evaluation with your initial application. To be updated annually.

| Applicant Signature                   | Date |
|---------------------------------------|------|
| Applicant Name & Title (please print) |      |
| ExecuTeam Representative Signature    | Date |