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**MEDICAL ASSISTANT**

**QUALIFICATIONS & SKILLS**

**CHECKLIST**

*In addition to answering the questions below regarding your qualifications, please submit a resume and cover letter with your Employment Application. Your cover letter should address why you are interested in working at Unity Care NW and describe your experience in a position of this type.*

| **QUALIFICATIONS** | **Yes** | **No** |
| --- | --- | --- |
| 1. Have you completed an accredited Medical Assistant education program? |  |  |
| 1. Do you have at least two years’ experience with outpatient clinic responsibilities (preferred)? |  |  |
| 1. Do you have a current Medical Assistant – Certified license through the Washington State Department of Health? |  |  |
| 1. Do you currently have AAMA certification or NCMA certification through NCCT? (preferred) |  |  |
| 1. If “No” to item 4, **are you eligible** for AAMA or NCMA certification? (required) |  |  |
| 1. Do you have current CPR & Basic Life Support (BLS) certifications? Expiration date |  |  |
| 1. Do you have experience using Electronic Medical Records (EMR)? Please list EMR software in which you are proficient: |  |  |
| 1. Are you competent using Microsoft Office products, specifically Outlook, Word, and Excel, and using faxes, telephones, and copy machines? |  |  |
| 1. Can you speak Spanish (a plus)? |  |  |
| 1. Can you speak Russian (a plus)? |  |  |
| 1. Can you speak Vietnamese (a plus) |  |  |
| 1. Are you able to work a schedule that includes a Saturday rotation? |  |  |
| 1. Are you able to work every Saturday? |  |  |
| 1. Do you have experience working with children in a medical clinic setting? |  |  |
| 1. Do you have experience working with adults in a medical clinic setting? |  |  |
| 1. Can you maintain effective & positive professional working relationships with staff and patients, providing excellent customer service? |  |  |
| 1. Can you work independently as well as in a team setting in a demanding, fast-paced environment with constant public contact, frequent interruptions, and occasional crisis situations? |  |  |
| 1. Are you knowledgeable in HIPAA and understand the importance of confidentiality in the health care field? |  |  |
| 1. Do you have experience educating patients & their family members in matters related to their health care? |  |  |
| 1. Do you have experience documenting information in patient charts? |  |  |
| 1. Do you have experience working with a multi-disciplinary team & community resources in providing patient care & problem-solving? |  |  |
| 1. Do you have experience handling and prioritizing patient calls? |  |  |
| 1. Can you understand and respond effectively and with sensitivity to special population groups served by UCNW, including those defined by race, ethnicity, language, age, sex, sexual orientation, economic standing, & others? |  |  |
| 1. The Centers for Disease Control and Prevention strongly recommends the following vaccines for healthcare workers:  Influenza, Measles, Mumps and Rubella (MMR), Varicella (Chickenpox), Tdap (Tetanus, Diphtheria, Pertussis) and Tuberculosis screening. As a UCNW employee would you agree to follow these CDC recommendations? |  |  |
| 1. Are you able to perform the essential job duties listed on the Job Description, with or without accommodation? List any exceptions here: |  |  |

| **SKILLS** | **EXPERIENCE** | **NO EXPERIENCE** |
| --- | --- | --- |
| 1. Aseptic Techniques |  |  |
| Handwashing |  |  |
| Disposal of waste |  |  |
| Handling dirty items/linens |  |  |
| 2. Sterile Techniques |  |  |
| Sets up sterile field |  |  |
| Assists with sterile procedures – see procedure set up |  |  |
| 3. Decontamination of used medical equipment |  |  |
| Prepare instruments for autoclave (rinsing, soaking, scrubbing, drying) |  |  |
| Autoclave use |  |  |
| Instruments in open position, grouped into pouches with type of instrument and date written on pouch |  |  |
| 4. Performs spore testing weekly for autoclave and records |  |  |
| 5. Wound care/burn care: |  |  |
| Cleans/applies antibiotic cream/silvadene |  |  |
| Steri strip application/gauze/dressings/ace wrap/medi rip |  |  |
| 6. Diabetic care |  |  |
| Blood glucose testing |  |  |
| Foot check |  |  |
| 7. Well child exam |  |  |
| Load forms |  |  |
| Screening questions |  |  |
| Age appropriate eye and hearing check |  |  |
| Documentation |  |  |
| Vital signs, height, weight, head circumference |  |  |
| 8. CLIA-waived lab tests with control testing |  |  |
| Urine pregnancy test |  |  |
| Rapid strep |  |  |
| Occult blood – stool |  |  |
| Urine dip – result recording |  |  |
| Spin urine and slide preparation |  |  |
| 9. Immunizations |  |  |
| Understands recommended schedule and catch up schedule per age |  |  |
| Immunization administration using correct needle size and site for IM, SC, ID |  |  |
| Documents immunizations correctly |  |  |
| Vaccine Information Sheets (VIS) |  |  |
| VAERS form |  |  |
| Child Profile use |  |  |
| Health Department required ‘tally sheet’ |  |  |
| Vaccine for Children eligibility |  |  |
| 10. Adult immunization (see above for skills) |  |  |
| 11. Vital signs |  |  |
| Accurate blood pressure |  |  |
| Orthostatic blood pressure |  |  |
| Apical pulse |  |  |
| Radial pulse |  |  |
| Respiration |  |  |
| Temperature |  |  |
| Height |  |  |
| 12 lead EKG and rhythm strip |  |  |
| 12. Sets up and administers nebulizer |  |  |
| 13. Peak flow meter use |  |  |
| 14. Follows standard precautions |  |  |
| Use of masks, gloves and other PPE |  |  |
| Proper waste and needle disposal |  |  |
| Negative pressure room |  |  |
| 15. Screening tests: |  |  |
| Vision |  |  |
| Hearing |  |  |
| 16. Ear lavage |  |  |
| 17. Operate/set up clinic equipment |  |  |
| Hyfercator |  |  |
| Oxygen tank use |  |  |
| Tympanometer |  |  |
| Pulse oximeter – adult and ped |  |  |
| Doppler |  |  |
| 18. Well woman exam: |  |  |
| Set up for pelvic exam |  |  |
| PAP/Cultures |  |  |
| Specimen labeling |  |  |
| Reporting forms/lab form completion |  |  |
| Pap/STD tracking log book |  |  |
| 19. Birth control |  |  |
| Depo Provera protocol and forms |  |  |
| Depo Provera injection |  |  |
| Diaphram fit kit |  |  |
| 20. Injections |  |  |
| Testosterone |  |  |
| B12 |  |  |
| Rocephin |  |  |
| Ketorolac |  |  |
| 21. Procedure set up |  |  |
| Endometiral biopsy |  |  |
| Circumcision |  |  |
| Mole removal |  |  |
| Shave biopsy |  |  |
| Punch biopsy |  |  |
| Needle aspiration |  |  |
| Wart removal |  |  |
| STD exam |  |  |
| 22. Telephone Interpreter set up |  |  |

***I hereby certify that all statements made above are true and correct.***

Signature Date Print Name