

AMT MEDICAL ASSISTANT CERTIFICATION SELF-ASSESSMENT

This self-assessment tool can be used to guide you through AMT's Medical Assistant (MA) eligibility requirements. Please use this worksheet as a final check before submitting an application to American Medical Technologist. **DO NOT** submit this worksheet with your application. **The completion of this worksheet does NOT guarantee qualification.** It is for your use only.

EDUCATION (Route 1) (all relevant boxes must be checked to apply under this route):

- Did you graduate from, or are scheduled to graduate from, a medical assisting program?
- Is the program or institution accredited by a recognized regional or national accreditation agency?^{1,2}
- Can your school provide an official and signed transcript showing that you graduated from the program?
- If you **graduated longer than 4 years ago**, have you been employed as an MA performing both clinical and administrative duties **for at least 3 out of the last 5 years?**
(The employment worksheet included with this form can assist you in outlining your work history)

MILITARY (Route 2) (all relevant boxes must be checked to apply under this route):

- Are you a recent graduate of, or scheduled to graduate from, a formal medical services training program of the United States Armed Forces?
- Can you provide your Joint Service Transcripts (JST's)?
- If you **graduated longer than 4 years ago**, have you been employed as a medical assistant performing both clinical and administrative duties **for at least 3 out of the last 5 years?** (The employment worksheet included with this form can assist you in outlining your work history)

WORK EXPERIENCE (Route 3) (all relevant boxes must be checked to apply under this route):

- Have you been employed as a medical assistant performing both clinical and administrative duties **for a minimum of five out of the last seven years?**
(The employment worksheet included with this form can assist you in outlining your work history)
- Did the above experience include less than two years as an instructor in a post secondary MA program?
- If you had experience as an instructor, can you provide proof that you completed an MA course of instruction?

INSTRUCTOR (Route 4) (all relevant boxes must be checked to apply under this route):

- Are you **currently** instructing in an accredited medical assisting program?^{1,2}
- Can you provide proof that you completed a medical assistant course of instruction?
- Do you have a minimum of **five years of verifiable full time teaching experience** in a medical assisting discipline that encompasses a broad range of both clinical and administrative MA competencies?
- If you have less than five years of teaching experience but more than one year, do you have a minimum of three years of verifiable full-time clinical work experience in a healthcare profession in which the scope of practice is commensurate with, or exceeds, the medical assisting scope of practice?

1. Recognized regional or national accreditation agency: agency must be approved by the US Department of Education, the Council for Higher Education Accreditation, or otherwise approved by the AMT Board of Directors

2. All training programs should include a minimum of 720 clock hours (or equivalent) of training in medical assisting, **including** a clinical externship of no less than 160 hours in duration.

EMPLOYMENT HISTORY WORKSHEET:

List your employers below and the length of time at each location. Then add the timeframes to see if you meet the required years of experience. AMT will independently verify that the work experience provided on your application meets the required time frames and covers both the administrative and clinical duties performed by a MA. These duties and responsibilities may be shared over several employers over the required time period.

Clinical Duty Examples: taking vital signs, performing physical examinations, lab procedures, drawing blood

Administrative Duty Examples: insurance, billing, record-keeping and other non-patient facing duties

EMPLOYER 1:

Employer Name: _____ Title held: _____

From: _____ To: _____ **Total Time:** _____ PERFORMED: Clinical ___ Administrative ___

EMPLOYER 2:

Employer Name: _____ Title held: _____

From: _____ To: _____ **Total Time:** _____ PERFORMED: Clinical ___ Administrative ___

EMPLOYER 3:

Employer Name: _____ Title held: _____

From: _____ To: _____ **Total Time:** _____ PERFORMED: Clinical ___ Administrative ___

EMPLOYER 4:

Employer Name: _____ Title held: _____

From: _____ To: _____ **Total Time:** _____ PERFORMED: Clinical ___ Administrative ___

EMPLOYER 5:

Employer Name: _____ Title held: _____

From: _____ To: _____ **Total Time:** _____ PERFORMED: Clinical ___ Administrative ___

EMPLOYER 6:

Employer Name: _____ Title held: _____

From: _____ To: _____ **Total Time:** _____ PERFORMED: Clinical ___ Administrative ___