ClinicOps

FREE CHECKLIST

Medical Assistant Competency Checklist

One observed, dated sign-off per skill, a recheck date on every line, and a score for how exposed you are when an MA calls out.

For the practice manager and the supervising physician. It records, for one medical assistant, which tasks are delegated, who trained them, which clinician watched them do it correctly, when, and when it must be rechecked. Use: cut every line your state or your physicians do not delegate; train; observe; sign; set the recheck date the same day. One copy per MA, in the personnel file.

74.5%
of physician office labs hold a CLIA certificate of waiver (84,028 of 112,817)
CMS, Nov 2026; ClinicOps calculation

6
procedures CLIA requires in a competency check for moderate or high complexity testing
CMS brochure, May 2025

2x
in the first year, then yearly: the CLIA competency schedule for non-waived testing
42 CFR 493.1413(b)(9)

47%
of practice leaders called MAs the hardest role to recruit
MGMA, May 2025

How to run it

1. Confirm scope (once). The physician-owner checks each clinical line against your state's medical board rules and writes Y (allowed and delegated) or N in the Y/N box. A line marked N is never signed.
2. Train, then observe. Training makes an MA ready to be observed, not ready to work alone. A clinician watches the task against the standard on the line; for injections, venipuncture and testing, require three clean observations.
3. Sign the same day. The observer writes their name and the date, the MA initials, and the recheck date goes in at once. No date of a patient visit, no patient detail: the sheet holds staff information only.
4. Score coverage every quarter. Page 4 turns the sign-offs into one number: how many high-risk skills only one MA, or nobody, can do.

MA (initials or staff ID): _____ Hire date: _____

Supervising physician: _____ State rules checked on (date): _____

This is an operations checklist, not legal advice. Scope of practice for medical assistants is set by each state and by what your physicians delegate; confirm every clinical line before use.

The checklist: sign off by observation only

1. ROOMING AND INTAKE (SIGNED BY THE PHYSICIAN OR A DESIGNEE)

Skill and the observed standard	Y/N	Trained (date)	Observed by	Signed (date)	Recheck due
Patient identification Two identifiers before any task, every encounter					
Blood pressure Correct cuff size; seated, arm supported; entered in the right field					
Other vital signs Calibrated equipment; correct units; out-of-range values flagged to the clinician					
Medications and allergies Reviewed with the patient; entered for clinician review; no changes made alone					

2. INFECTION CONTROL AND SAFETY (PRACTICE MANAGER WITH THE PHYSICIAN)

Skill and the observed standard	Y/N	Trained (date)	Observed by	Signed (date)	Recheck due
Hand hygiene, PPE, room turnover Every contact; disinfectant left for its labeled contact time					
Sharps and exposure response Container below the fill line; states the exposure steps from the exposure control plan					
Bloodborne pathogens training At initial assignment and at least yearly, within one year of the last (29 CFR 1910.1030(g)(2))					

3. PROCEDURES (AS DELEGATED; PHYSICIAN OR DESIGNEE)

Skill and the observed standard	Y/N	Trained (date)	Observed by	Signed (date)	Recheck due
Injections Right patient, product, dose, site, needle and technique; lot and site documented					
Vaccines Screening done, information statement given, storage per package insert, documented; recheck when products change					
EKG Correct lead placement; tracing labeled; abnormal tracing shown to the clinician before the patient leaves					
Specimen collection Labeled in the patient's presence; correct container and handling					

4. TESTING (SIGNED BY THE LABORATORY DIRECTOR NAMED ON YOUR CLIA CERTIFICATE, OR A QUALIFIED DESIGNEE)

Skill and the observed standard	Y/N	Trained (date)	Observed by	Signed (date)	Recheck due
Waived tests Manufacturer's instructions exactly; quality control run and logged; results routed					
Moderate complexity tests, if any All six CLIA procedures documented; twice in year one, then yearly					

5. EHR AND COMMUNICATION (PRACTICE MANAGER WITH THE PHYSICIAN)

Skill and the observed standard	Y/N	Trained (date)	Observed by	Signed (date)	Recheck due
Results, messages, refills Routed by written protocol; abnormal results to the clinician the same day					
Orders, if delegated Only the orders the protocol names, entered for clinician signature					

6. COMPLIANCE (PRACTICE MANAGER)

Skill and the observed standard	Y/N	Trained (date)	Observed by	Signed (date)	Recheck due
Privacy Minimum necessary access; no patient details in texts, sticky notes or project tools					
CPR or BLS card; MA certification if required Copy on file; renewal date entered as the recheck date					

Recheck rules

Item	How often	Rule or source
Bloodborne pathogens training	At assignment, then at least yearly	OSHA, 29 CFR 1910.1030(g)(2); training records kept 3 years ((h)(2)(ii))
Moderate or high complexity testing	Twice in the first year, then yearly; before reporting results on a new method or instrument	42 CFR 493.1413(b)(8) and (9); CMS CLIA brochure, May 2025
Waived testing	Not required by CLIA; CMS calls it good laboratory practice. We suggest yearly	CMS CLIA brochure, May 2025
Vaccine administration	At the end of the introductory period and yearly; observe several patients	Immunize.org Skills Checklist P7010 (Mar 13, 2026)
CPR or BLS card; certification	Before each expiration date	The card or certifying body
Everything else	Yearly and after any protocol or equipment change	Practice policy

The coverage score: how exposed are you when one MA calls out?

List your high-risk delegated skills, write each MA's initials across the top, and tick a box only when that MA has a current, observed sign-off. Then count.

High-risk skill	MA 1	MA 2	MA 3	MA 4	Signed	Status
MA initials						
Injections						
Vaccines						
Venipuncture or specimen collection						
EKG						
Waived tests and quality control						
Your other high-risk skill						

Score	Formula	Result
Coverage	Skills with 2 or more signed MAs / all high-risk skills x 100	
Single points of failure	Skills only one MA can do	
Gaps	Skills nobody is signed off on but someone performs	
Overdue rechecks	Recheck due dates already passed, all MAs	

Read it: any gap is a stop: the task waits until a clinician observes and signs. Coverage under 100% or any single point of failure means one sick day stops that service; book the observation for a second MA this month. Overdue rechecks go on the compliance calendar this week.

Worked example: a three-MA family practice

Illustrative, not a client. Six high-risk skills. Injections and vaccines: all three MAs signed. EKG and venipuncture: two each. Waived tests: one MA (MA-2). Spirometry: the newest MA does it, but nobody observed her. Coverage = 4 of 6 skills with two or more = 67%; single points of failure: 1 (waived tests); gaps: 1 (spirometry); overdue rechecks: 2 (bloodborne pathogens training for MA-1 and MA-3, 13 months ago). The fixes took one afternoon: spirometry paused until observed the next morning, MA-3 observed on waived tests and quality control, and annual training booked for both.

When it goes wrong

When this happens	Do this
An experienced MA says they have "always done it"	Observe anyway. Tenure is not a sign-off; a six-year MA can carry a habit nobody corrected.
The trainer wants to sign off their own trainee	Use a different observer where staffing allows; where it does not, have the physician observe one of the three performances.
Your state does not allow a task an MA has been doing	Stop the task today, move it to a licensed clinician, mark the line N and tell the physician-owner. Ask counsel if anything already done needs review.
An MA fails an observation	Retrain, then observe again on a new date. Record both; never overwrite the failed attempt.
A new test, vaccine product or analyzer arrives	Re-observe before anyone uses it on patients; for non-waived tests, before reporting results (42 CFR 493.1413(b)(9)).
The only signed-off MA for a skill resigns	The coverage score shows it the same day: train and observe a second MA before the last day, or pause the service.

The full guide, with the domains and the 30-day plan explained: medical assistant competency checklist. The role the checklist proves is described in the medical assistant job description.

Sources

Checked against the original source on Nov 18, 2026. Rules and figures change: confirm anything time-sensitive on the source page.

1. CMS, CLIA brochure: Assessing Personnel Competency (revised May 2025). cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/CLIA_CompBrochure_

2. 42 CFR 493.1413, technical consultant responsibilities (competency procedures and frequency) (current). law.cornell.edu/cfr/text/42/493.1413

3. CMS, CLIA laboratory statistics (certificate types, physician office laboratories) (Nov 2026). cms.gov/files/document/laboratory-statistics.pdf

4. 29 CFR 1910.1030, OSHA Bloodborne Pathogens standard (current). law.cornell.edu/cfr/text/29/1910.1030

5. Immunize.org, Skills Checklist for Vaccine Administration, Item P7010 (Mar 13, 2026). immunize.org/clinical/a-z/skills-checklist-vaccine-admin/

6. MGMA Stat, medical assistants the hardest role to recruit, poll of May 6, 2025 (May 7, 2025). mgma.com/mgma-stat/medical-assistants-tackling-practices-worst-hiring-problem

Where this checklist stops

The checklist proves who can do what. Keeping it current across every MA, every quarter, takes the system around it.

- **It cannot remind anyone that a recheck date passed or that the only signed-off MA gave notice.**
- **It cannot tell you your state's scope rules; the physician-owner has to confirm them.**
- **It does not train anyone or write the procedure behind each line.**
- **Paper sign-offs get lost when the manager who kept them leaves.**

Team System: role scorecards and job descriptions, a hiring kit, 30/60/90 onboarding, cross-training and vacation handoff, built inside your tools.

Book the free 20-minute Chaos Audit >

It is a diagnostic call, not a sales call: we walk back the last thing that slipped, put an hours or dollar figure on it, and you leave with the first fix whether or not you hire us.

Not ready to talk? Score your practice in 3 minutes, or get more free tools and templates.
Follow ClinicOps for one useful fix a week: LinkedIn | YouTube | X | Instagram | Facebook