

CERTIFIED CLINICAL MEDICAL ASSISTANT (CCMA) Externship Requirements

STUDENT NAME: _____

Required Activity	Supervising Manager Sign-off
Front Office <input type="checkbox"/> Insurance verification <input type="checkbox"/> Demographic - phone, address, date of birth <input type="checkbox"/> Fax/Copier	
Sterilization technique <input type="checkbox"/> Autoclave <input type="checkbox"/> Cleaning instruments <input type="checkbox"/> Room sterilization <input type="checkbox"/> Disinfection of supplies <input type="checkbox"/> checking expiration dates	
Back office <input type="checkbox"/> Vitals <input type="checkbox"/> Phlebotomy <input type="checkbox"/> Referrals <input type="checkbox"/> Test scheduling <input type="checkbox"/> Urinalysis and other POC <input type="checkbox"/> Patient education <input type="checkbox"/> Refills <input type="checkbox"/> EKG and PFT <input type="checkbox"/> Patient positioning/procedural positioning <input type="checkbox"/> Calls from patients with questions for practitioners	
General <input type="checkbox"/> Positive attitude <input type="checkbox"/> Attendance <input type="checkbox"/> Flexibility <input type="checkbox"/> Team player <input type="checkbox"/> Appropriated dress (scrubs and shoes) <input type="checkbox"/> Appropriate patient interaction	

Supervisor Sign-off: _____ Date: _____