

Name: _____

Medical Assistant Skills
Checklist (page 2)

PHYSICIAN'S PRACTICE	1	2	3	4
Cosmetic Surgery				
Dermatology				
Family practice				
Internal medicine				
Geriatrics				
OB-GYN				
Oncology				
Ophthalmology/Optomtrist				
Orthopedic				
Pediatrics				
Psychiatry				
Urology				

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed

Signature

Date

Full Name (print)