AMT
American Medical Technologists
Certifying Excellence in Allied Health

Directions for
Attestation and Evaluation of Externship
CERTIFIED MEDICAL LABORATORY ASSISTANT (CMLA)

Applicant: Provide the ATTESTATION AND EVALUATION OF EXTERNSHIP Form for your certification to your externship site(s) for completion. The form must be completed by the externship site office manager, supervisor, or authorized human resources representative. Note that any submitted documentation will be reviewed and processed only if your application for AMT certification is active.

For direct submission by the applicant

If the applicant is submitting the completed ATTESTATION AND EVALUATION OF EXTERNSHIP directly to AMT, the form must either:

☐ **Be accompanied by a Letter of Authenticity from the externship site**

The letter must be printed on the externship site's company letterhead stating that the ATTESTATION AND EVALUATION OF EXTERNSHIP form was completed, signed, and dated by the externship site's office manager, supervisor, or an authorized human resources representative.

If an applicant is submitting the ATTESTATION AND EVALUATION OF EXTERNSHIP forms for multiple externship sites, each form must include either a letter of authenticity or a stamp/seal from that specific externship site that verified the hours completed.

Or

☐ **Bear the externship site's company seal or stamp**

The ATTESTATION AND EVALUATION OF EXTERNSHIP must contain the externship site's company stamp or seal, which must be embossed on the form. AMT cannot accept digital seals and/or logos.

ATTESTATION AND EVALUATION OF EXTERNSHIP forms submitted by an applicant without either a Letter of Authenticity or the externship site's stamp/seal WILL NOT BE ACCEPTED.

For submission by the externship site

If the externship site is submitting the completed ATTESTATION AND EVALUATION OF EXTERNSHIP form directly to AMT on behalf of the applicant, a Letter of Authenticity or company stamp or seal is not required:

☐ The completed ATTESTATION AND EVALUATION OF EXTERNSHIP must be submitted directly from the externship site's professional email address. Personal email providers such as @yahoo, @gmail, and @hotmail **are not** accepted as business email addresses.

Email completed documentation to documents@americanmedtech.org for review.
Please allow up to 7-10 business days for your application to be updated.

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CERTIFIED MEDICAL LABORATORY ASSISTANT (CMLA)
Attestation and Evaluation of Externship & Competency Checklist

Section 1: Applicant Information *(To be completed by CMLA Applicant completing the Externship Requirement.)*

Applicant's First Name | Last Name | AMT ID #

Email | Date of Birth

Section 2: Training Provider Information *(To be completed by the Externship Site only.)*

(Office Manager, Supervisor, or HR representative only. School submissions will not be accepted.)

The applicant named above has applied to American Medical Technologists (AMT) for the certification indicated. They identified your facility as their externship site. Please verify the applicant's externship completion and competencies to help determine their eligibility for certification.

Name of Externship Site | Phone Number

Mailing Address | Business Email

City | State/Province/Country | Zip

Name of Externship Evaluator | Externship Evaluator's Title

Section 3: Externship & Competency Assessment *(To be completed by the Externship Site only.)*

(Office Manager, Supervisor, or HR representative only. School submissions will not be accepted.)

Please provide the following details regarding the externship, and then complete the competency assessment for the above-mentioned applicant in the following areas.

Externship Details & Completion Status

Dates of Externship: **From** *(mm/dd/yy)*: _____ **To** *(mm/dd/yy)*: _____

Number of hours completed: _____

Did the applicant successfully fulfill the general duties of a Medical Lab Assistant? ☐ Yes ☐ No

If no, please explain: _____

Laboratory Safety and Quality

Competencies ***All tasks where competency has been demonstrated must be initialed below.***	**Evaluator's Initials** ***(initial each task)***
A. Demonstrate appropriate infection control and safety techniques and practices *(hazardous material handling, follow OSHA standards, use of PPE, etc.)*	
B. Perform quality control/quality assurance within lawful scope of practice	

Has the applicant completed all competencies listed above? ☐ Yes ☐ No	**Date Completed**	**Evaluator's Initials**

Pre-examination *(Pre-analytic)* Considerations

Competencies ***All tasks where competency has been demonstrated must be initialed below.***	**Evaluator's Initials** ***(initial each task)***
A. Correctly identify patients and prepare them for tests	
B. Successfully collect specimens via venipuncture	
C. Successfully collect specimens via capillary punctures	
D. Properly handle and process specimens after collection *(blood and non-blood samples)*	
E. Collect non-blood specimens *(e.g., swabs for throat cultures or other rapid diagnostic tests) if any are applicable.*	
F. Articulate special specimen collection requirements *(timing considerations, specific collection instructions, storage, etc.)*	

Has the applicant completed all competencies listed above? ☐ Yes ☐ No	**Date Completed**	**Evaluator's Initials**

Examination *(Analytic)* Considerations *(perform tests within lawful scope of practice)**

Competencies ***All tasks where competency has been demonstrated must be initialed below.***	**Evaluator's Initials** ***(initial each task)***
A. Demonstrate proper use of instruments	
B. Maintain and calibrate instrumentation	
C. Perform, assist, prepare, or observe point-of-care and waived clinical chemistry tests within scope*	
D. Perform, assist, prepare, or observe point-of-care and waived coagulation tests within scope*	
E. Perform, assist, prepare, or observe point-of-care and waived hematologic tests within scope*	
F. Perform, assist, prepare, or observe point-of-care and waived immunological, serological, and immunohematological tests within scope*	
G. Using aseptic techniques, process microbiologic specimens	
H. Prepare and stain Gram stain slides for further analysis*	
I. Perform, assist, prepare, or observe point-of-care and waived tasks and analyses on urine within scope*	

Has the applicant completed all competencies listed above? ☐ Yes ☐ No	**Date Completed**	**Evaluator's Initials**

**If the lawful scope of practice restricts an individual to observing, assisting, or otherwise gaining limited exposure to the procedures in question, such experience may be accepted toward eligibility. A notation must be included alongside the affected competency indicating the reason for the modification (e.g., 'Outside the legal scope of practice for a lab assistant in Michigan') and describing the manner in which the competency was assessed (e.g., observation, assistance, equipment loading, etc.)*

General Office Considerations

Competencies ***All tasks where competency has been demonstrated must be initialed below.***	**Evaluator's Initials** ***(initial each task)***
A. Employ professional mannerisms and behavior in the conduct of duties	
B. Report normal and abnormal results to include critical values	
C. Employ tenets of HIPAA confidentiality and record release	
D. Chart or file laboratory-generated reports properly	
E. Maintain inventory levels, order and restock supplies	

Has the applicant completed all competencies listed above? ☐ Yes ☐ No	**Date Completed**	**Evaluator's Initials**

I am a current/previous instructor, evaluator, supervisor, or designated Human Resources representative. I attest that the information above is accurate and fairly represents the duties performed and competencies attained by the applicant.

Name *(Print):* _____ Title: _____

Signature: _____ Date: _____

If submitted by the applicant, this document must include either the company's stamp/seal or be accompanied by a Letter of Authenticity from your educational organization or current/previous employer. The Letter of Authenticity must be printed on the organization letterhead stating that the evaluation form was completed, signed, and dated by an instructor, evaluator, supervisor, or human resources representative. Evaluation documents sent directly from an evaluator's or employer's professional email will not require a Letter of Authenticity or company stamp/seal.

Email completed documents to documents@americanmedtech.org for review. Documents will only be reviewed if an active application is on file.