

**Utah CTE Skill Certification**  
**UTAH ENDORSED MEDICAL OFFICE ADMINISTRATIVE ASSISTANT / MEDICAL ASSISTANT**  
**Skill Certification Application Form**  
*(Summary Score Sheet)*

For Students Who Have Successfully Achieved Benchmarks 1-2 and/or 1-4

Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

District: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Student Name	Birthdate	Adult	High School Student	BM 1 Term	Benchmark 2 Office		MOAA Endorsement "X"	BM 3 A/P	Benchmark 4 Clinical/Lab		Clinical Externship Completed? 160 hrs	Benchmark Avg Score (%)	MA Endorsement "X"
		"X"	"X"	Written Score	Written Score	Performance Met?		Written Score	Written Score	Performance Met?			

*Both the Instructor and CTE Testing Coordinator must keep this document on file for one year. Additionally, the Instructor must keep the student's Performance Evaluation Score Sheet on file for one year.*