

## **Standing Order Attestation**

By signing below, I hereby attest that I have completed all of the necessary steps to be able to provide standing orders at

I have completed the trainings and sign offs required to perform primary care skills at my health center. I participated in the NextGen Primary Care Upgrade training on Standing Orders. And I have read all of the adult standing orders in completion.

I understand that I will follow the procedures outlined in the Standing Orders, and I will not perform a standing order if the criteria outlined in the standing order are not met. I will consult as directed. I understand that my performance providing standing orders will be evaluated periodically and annually.

I declare that the above statement is true and accurate to the best of my knowledge.

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Signature of Medical Assistant

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Printed Name of Medical Assistant

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Health Center

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Date