**PPM Competency Assessment Documentation**

**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider DOD ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Competency type: Initial** □ **6-month** □ **Annual**

**I attest that I have read and understand the procedure manual. (Sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **COMPETENCY ASSESSMENT METHODS** |
| **Assessment Performed** | **KOH** | **WET Prep** | **Urine Microscopic** | **Ferning** |
| **DIRECT OBSERVATION of PPM test performance.** Any practitioner with current privileges can observe your performance and sign off. | Date | Date | Date | Date |
| NAME OF OBSERVING PROVIDER | NAME OF OBSERVING PROVIDER | NAME OF OBSERVING PROVIDER | NAME OF OBSERVING PROVIDER |
| SIGNATURE OF OBSERVING PROVIDER | SIGNATURE OF OBSERVING PROVIDER | SIGNATURE OF OBSERVING PROVIDER | SIGNATURE OF OBSERVING PROVIDER |
| **RECORDING RESULTS:** Provide name, DOD ID of a patient you performed each type of PPM on and the date. | PATIENT NAME | PATIENT NAME | PATIENT NAME | PATIENT NAME |
| DOD ID | DOD ID | DOD ID | DOD ID |
| DATE PPMP PERFORMED | DATE PPMP PERFORMED | DATE PPMP PERFORMED | DATE PPMP PERFORMED |
| **DIRECT OBSERVATION:** of microscope adjustment and troubleshooting. Any practitioner with current privileges can observe your performance and sign off. | DATE | DATE | DATE | DATE |
| NAME OF OBSERVING PROVIDER | NAME OF OBSERVING PROVIDER | NAME OF OBSERVING PROVIDER | NAME OF OBSERVING PROVIDER |
| SIGNATURE OF OBSERVING PROVIDER | SIGNATURE OF OBSERVING PROVIDER | SIGNATURE OF OBSERVING PROVIDER | SIGNATURE OF OBSERVING PROVIDER |
| **ASSESSMENT OF TEST PERFORMANCE**Complete On-line competency assessment for each PPM type. | DATE COMPLETED | DATE COMPLETED | DATE COMPLETED | DATE COMPLETED |
| YOUR SIGNATURE | YOUR SIGNATURE | YOUR SIGNATURE | YOUR SIGNATURE |
| **EVALUATION OF PROBLEM SOLVING SKILLS** Met by completion of on-line competency (see above) | DATE COMPLETED | DATE COMPLETED | DATE COMPLETED | DATE COMPLETED |
| YOUR SIGNATURE | YOUR SIGNATURE | YOUR SIGNATURE | YOUR SIGNATURE |
| **REVIEW OF INTERMEDIATE TEST RESULTS, QC, PREVENTATIVE MAINTENANCE: N/A for providers. Records maintained by clinical engineering** |