

**EAMC Point of Care Testing
Non-Waived Testing Competency Assessment Documentation**

Name: _____ DOD ID: _____ Date _____

Section: _____ Supervisor: _____ Competency type: Initial 6-month Annual

I attest that I have read and understand the procedure manual. (Signature) _____ Date _____

Competency Assessed	iSTAT	Avoximeter	ROM		
Observation: patient test performance	Date and DOD ID of patient test performed	Date and DOD ID of patient test performed	Date and DOD ID of patient test performed		
Accurate recording and reporting of test results	Date and DOD ID of patient test performed (if different than patient from above)	Date and DOD ID of patient test performed (different patient from above)	Date and DOD ID of patient test performed (different patient from above)		
Review: test results, worksheets, or quality control records	Date of Quality Control Testing	Date of Quality Control Testing	Date of Quality Control Testing		
Observation: instrument maintenance, as applicable	Date of Instrument Maintenance	Date of Instrument Maintenance	Date of Instrument Maintenance		
Assessment of test performance through testing, external proficiency testing samples	Date CAP survey performed	Date CAP survey performed	Date CAP survey performed		
Evaluation of problem-solving skills	Date and score of online test	Date and score of online test	Date and score of online test		
Assessor Name, Signature & Date of assessment					

I understand that of all the topics listed in this document, I will be allowed to perform only those listed for my skill level/Scope of Practice, after I have successfully demonstrated competency in those tasks.

Employee Signature: _____ Date: _____

Point of Care Coordinator: _____ Signature: _____ Date: _____