|  |  |
| --- | --- |
|  |  |

 DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMORANDUM FOR RECORD

FROM**:** SITE POCT TRAINER

SUBJECT: Nomination and Training Documentation for POCT Test Personnel

1. You are hereby appointed a Point of Care Testing Personnel for the 81st Medical Group.

2. After training and initial competency assessment, as evidenced by your endorsement below, you will be authorized to perform (*circle all that apply:* Inform II Glucose, QuickVue hCG, QuickVue Strep A, Clinitek Status UA) determinations.

3. You will be expected to carry out your responsibilities as outlined in SGQCPC OI 44-100, Quality Management for Lab Testing in Ancillary (Point of Care) Locations.

4. In accordance with The Joint Commission and CAP waived testing regulations, your testing privileges will be suspended if, after one year from your initial competency assessment, you are not re-assessed and documented as competent, by your Site POCT Trainer.

SITE POCT TRAINER PRINTED NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Ind, Site POCT Trainer

MEMORANDUM FOR POCTC

1. I have been oriented, trained, and competency assessed for performing (*circle all that apply:*

Inform II Glucose, QuickVue hCG, QuickVue Strep A, Clinitek Status UA) testing.

2. I will fulfill my responsibilities as outlined in SGQCPC OI 44-100. I have read all applicable OI’s in the POC manual.

3. I will require competency assessment by my Site POCT Trainer annually. I understand that in accordance with The Joint Commission and CAP waived testing regulations; my testing privileges will be suspended if more than a year elapses without a competency assessment documented.

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_