



**DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND**

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 (*check all that apply*): Inform II Glucose, Clinitest 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.

POCT site POC Signature _____ Date _____

1st Ind, Site POCT Trainer

MEMORANDUM FOR POCTC

1. I have been oriented, trained, and competency assessed for performing the test(s) indicated above.
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.

Signature _____

Date _____