**Instructions. Print this form and present it to a Midwife for initial training and observation. The Midwife should indicate Initial, 6 month or Annual Observation. The Midwife should sign for criteria 1,2 and 5. The completed form should be returned to the POC office.**

**Fax #: 314-251-6962**

**Email: STL\_Mercy\_POC <STLMercyPOC@Mercy.Net>**

**PROVIDER Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility/Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_**

By signing below, I verify that I have been trained and am competent to perform the Fern, Saline Wet Prep and KOH test procedures. I verify that I have read the procedures and acknowledge that it is my responsibility to renew competency validation at the required intervals. The procedures may be found in Policy Tech.

**Provider Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Observer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Initial □ 6 Month □ Annual

|  |  |  |
| --- | --- | --- |
| **DESIRED OUTCOME** | **RESOURCES** | |
| Demonstrate understanding, responsibility, and ability to perform Fern, Wet Prep Saline and KOH Testing. | Facility policy and procedures may be found in Policy Tech. | |
| **PERFORMANCE CRITERIA** | | **OBSERVER** |
| **Initial & Date** |
| 1. **Direct observation of patient test performance** | |  |
| * 1. Identifies the specimen requirements and collection technique used for this testing. | |  |
| * 1. Correctly makes slide. | |  |
| * 1. Views slide under correct objective | |  |
| 1. **Monitoring the recording/reporting of test results** | |  |
| * 1. Correctly ID’s positive and negative results. | |  |
| * 1. Documentation of results using Enter/Edit | |  |
| 1. **Direct observation of instrument maintenance and required QC** | | N/A |
| 1. **Review of intermediate test results or worksheets, quality control proficiency testing, and preventive maintenance performance** | | POC |
| * 1. All test results are reviewed monthly, and proficiency testing is reviewed when completed | |  |
| 1. **Assessment of test performance** | |  |
| * 1. Comparison of test results above with results of previous run or duplicate run OR | |  |
| * 1. Proficiency testing sample – record PT sample analyzed by this employee OR | |  |
| * 1. Correct interpretation of sample slides or pictures. | |  |
| 1. **Assess problem-solving skills** | | POC |
| * 1. Completes Fern, Wet Prep, and KOH testing exams with a score of 100% | |  |

**Final Validator to complete:**

□ Meets all criteria □ Does not meet some criteria - Complete Action Plan with Director/designee

Validator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_