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| **Annual Competency Assessment** **Clinical Technologist I** |  |  |  |  |  |  |
|  Employee Name  |  |  |  |
| Job Title |  |  |  |  |  |  |  |
| Department |  |  |  |
| Prepared By |  |  |  |
| Date |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***Note:*** *All performance standards with a rating of N require evaluator comments and a Performance Development Plan.* |
|  |  | *Y = Can Perform Skill Independently* |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | *N = Cannot Perform Skill IndependentlyN/A = Not Applicable (Ratings of N/A must be entered in the "Comments" column rather than the "Rating" column)* |
| ***Annual Competency - Clinical / Non-Clinical*** | ***Comments*** *(short sentence)* | **Rating** |
| .Run daily clinical test request worksheets. |  |  |
| Receive, log-in, and perform manual and automated procedures on clinical and research specimens. |  |  |
| Perform laboratory clinical and research assays. |  |  |
| Perform pre and post analytic cleaning and maintenance tasks of laboratory instruments. |  |  |
| Prepare, aliquot, and store general supplies and reagents, standards and quality control reagents for RT-PCR assays. |  |  |
| Interpret test results critically and monitor assay performance.  |  |  |
| Enter test results into LIS.  |  |  |
| Demonstrates ability to write and revise technical procedures with very few grammatical errors and/or content errors. |  |  |
| Interact professionally with health care providers regarding laboratory results and interpretation. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I have observed that the above-named employee has demonstrated competency in providing care and/or other services for the typical age ranges of patients as designated above. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I have observed that the above-named employee requires further education to provide care and services to age ranges indicated. Scheduled Date of Re-review: |  |  |
| ► |  |  |  |  |  |  |  |  |  |  |  |  | ► |  |  |  |  |  |  |  |
| *Evaluator's Signature* |  |  |  |  |  |  |  | *Evaluation Date* |  |  |  |  |  |