

# PPM Competency Assessment Documentation

Provider Name: \_\_\_\_\_ (Print)       MD  CNP, CNM      Date \_\_\_\_\_

Competency type:    Initial                       6-month                       Annual

I attest that I have personally completed all competency requirements: \_\_\_\_\_  
Signature                      Date

Tests performed:    Fern     Vaginal Wet Prep

## Competency Assessment Methods

Competency Pillars	Date		Provider Initials
<p><b>1. Review of intermediate test results or worksheets, proficiency testing and preventative maintenance</b></p> <p><b>Test performance (internal blind testing samples)</b></p> <ul style="list-style-type: none"> <li>- Proficiency testing completed through MTS online.</li> </ul>		<input type="checkbox"/> Regularly done online	
<p><b>2. Problem-solving skills as appropriate to the job</b></p> <ul style="list-style-type: none"> <li>- Written quiz on MTS.</li> </ul>		<input type="checkbox"/> Performed	
<p><b>3. Monitoring, recording and reporting of test results</b></p> <ul style="list-style-type: none"> <li>- Transcription review of patient results – in medical record (Print out of progress note with result)</li> </ul>		<input type="checkbox"/> Print out of progress note with results	
<p><b>4. Direct observation of instrument function</b></p> <ul style="list-style-type: none"> <li>- Observation of microscope use (peer or laboratorian).</li> </ul>		Correct interpretation witnessed: <input type="checkbox"/> Peer _____ <span style="margin-left: 100px;">Signature</span>  <input type="checkbox"/> Laboratorian _____ <span style="margin-left: 100px;">Signature</span>	

Return completed form to site laboratory or Point of care-Fax# 505-924-6954