

## PPM Competency Assessment Documentation -Session 2

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

<b>Competency Assessment Methods</b>			
Competency Pillars	Date		Provider Initials
<b>1. Review of intermediate test results or worksheets, proficiency testing and preventative maintenance</b>  <b>Test performance (internal blind testing samples)</b> - Proficiency testing completed through MTS online.		<input type="checkbox"/> Regularly done online	
<b>2. Problem-solving skills as appropriate to the job</b> - Written quiz on MTS.		<input type="checkbox"/> Performed	
<b>3. Monitoring, recording and reporting of test results</b> - Transcription review of patient results – in medical record (Print out of progress note with result)		<input type="checkbox"/> Print out of progress note with results	
<b>4. Direct observation of instrument function</b> - Observation of microscope use (peer or laboratorian).		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