## PPM Competency Assessment Documentation – (January 2017 – June 2017) Provider Name: (Print) □MD □CNP, CNM Date: Competency Type: Initial □ 6-month □ □ Annual I attest that I have personally completed all competency requirements: \_\_\_\_\_\_\_\_\_ Date Sianature Tests performed: Fern □ Vaginal Wet Prep □ **Competency Assessment Methods Competency Pillars Provider Initials** Date 1. Review of intermediate test results or worksheets, proficiency testing and preventative maintenance □ Regularly done online **Test Performance (internal blind testing samples)** Proficiency testing completed through MTS online. 2. Problem-solving skills as appropriate to the job - Written guiz on MTS □ Performed 3. Monitoring, recording and reporting of test results Transcription review of patient results – in medical record (Print out of ☐ Print out progress note with results progress note with result) Correct interpretation witnessed: 4. Direct observation of instrument function Observation of microscope use (peer or laboratorian) □ Peer Signature □ Laboratorian \_\_\_\_\_ Signature

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