**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** □

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

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

Title (with LTR): PPM Competency Assessment (LTR13064) Revised: 3/15/16 9:45 AM

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