

Competency Form

Provider Performed Microscopy

Competency Type (circle one): Initial Training / **6-month** / Annual

Select each applicable test: Wet Prep KOH Prep FERN Urine Sediment

This form is used for competency assessment and includes the following for each test method:

	Date/Initials:	Notes/Comments:
Direct Observation of routine patient test performance, including patient preparation, if applicable, and specimen collection, handling, processing and testing	12/31/21 RLB	Name of physician/qualified provider performing direct observation Levelle Drose-Bigatel, MD
Monitoring, recording and reporting of test results.	12/31/21 RLB	Levelle Drose-Bigatel, MD
Review of intermediate test results or worksheets, quality control, proficiency testing and preventative maintenance performance	12/31/21 RLB	Levelle Drose-Bigatel, MD
Test Performance	12/31/21 RLB	Levelle Drose-Bigatel, MD
Direct observation of equipment maintenance function checks and calibration	12/31/21 RLB	Levelle Drose-Bigatel, MD
Problem Solving Skills	12/31/21 RLB	Levelle Drose-Bigatel, MD

Provider Name: Robert P. Lennon

Location: Fishburn Clinic

I attest that I have reviewed the procedure(s) for testing indicated above and understand that I am accountable for all items in the procedure manuals applicable to the testing.

Provider Signature: Robert Lennon

Date: December 31, 2021

The above named provider has demonstrated competency to perform the laboratory test procedures indicated above.

Physician/Qualified Provider Signature: [Signature]

Date: 12/31/21