

### 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	9.9.21 / <i>AMB</i>	Name of physician/qualified provider performing direct observation <i>Ann Bogdan</i>
Monitoring, recording and reporting of test results.	↓	↓
Review of intermediate test results or worksheets, quality control, proficiency testing and preventative maintenance performance	↓	↓
Test Performance	9.9.21 / <i>AMB</i>	↓
Direct observation of equipment maintenance function checks and calibration	9/9/21 / <i>AMB</i>	↓
Problem Solving Skills	↓	↓

Provider Name: Stephanie Carey

Location: Mechanicsburg

*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: *Stephanie Carey*

Date: 9/9/2021

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

Physician/Qualified Provider Signature: *Ann Bogdan*

Date: 9-9-2021