

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

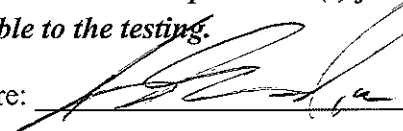
This form is used for competency assessment and includes the following for each test method:

	Date/Initials:	Notes/Comments:
Direct Observation of routine patient test performance, including patient preparation, if applicable, and specimen collection, handling, processing and testing	1/4/22 JCB	Name of physician/qualified provider performing direct observation <div style="border: 1px solid black; padding: 2px; display: inline-block;">Levelle Drose-Bigatel MD</div>
Monitoring, recording and reporting of test results.	1/4/22 JCB	↓
Review of intermediate test results or worksheets, quality control, proficiency testing and preventative maintenance performance	1/6/22 JCB	
Test Performance	1/6/22 JCB	
Direct observation of equipment maintenance function checks and calibration	1/4/22 JCB	
Problem Solving Skills	1/6/22 JCB	

Provider Name: Jason Croad

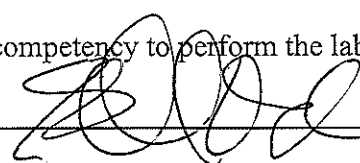
Location: Fishburn

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: 

Date: 1/6/2022

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

Physician/Qualified Provider Signature: 

Date: 1/4/22