

### 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 [Signature]	Name of physician/qualified provider performing direct observation Lwelle Drose - Bigatel
Monitoring, recording and reporting of test results.	1/4/22 [Signature]	
Review of intermediate test results or worksheets, quality control, proficiency testing and preventative maintenance performance	1/4/22 [Signature]	
Test Performance	1/4/22 [Signature]	
Direct observation of equipment maintenance function checks and calibration	1/4/22 [Signature]	
Problem Solving Skills	1/4/22 [Signature]	

Provider Name: Beth Wallen

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: [Signature]

Date: 1/4/22

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

Physician/Qualified Provider Signature: [Signature]

Date: 1/4/22