

**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:
<b>Direct Observation of routine patient test performance, including patient preparation, if applicable, and specimen collection, handling, processing and testing</b>	3/23/21 JH	Name of physician/qualified provider performing direct observation
<b>Monitoring, recording and reporting of test results.</b>	3/20/21 JH	
<b>Review of intermediate test results or worksheets, quality control, proficiency testing and preventative maintenance performance</b>	3/23/21 JH	
<b>Test Performance</b>	3/23/21 JH	
<b>Direct observation of equipment maintenance function checks and calibration</b>	3/23/21 JH	
<b>Problem Solving Skills</b>	3/23/21 JH	

Provider Name: Dr. Amber O'Leary Location: Nyes Road

*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: Amber O'Leary Date: 3/23/21

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

Physician/Qualified Provider Signature: Frankie CRNF Date: 3/23/21