

### Competency Form

#### Provider Performed Microscopy

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

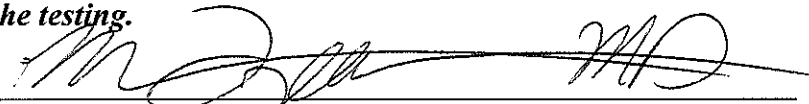
Select each applicable test:  Wet Prep  KOH Prep  FERN  Urine Sediment

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>	3/12/21 KA	Name of physician/qualified provider performing direct observation Kathleen Altemose MD
<b>Monitoring, recording and reporting of test results.</b>	3/10/21 g	
<b>Review of intermediate test results or worksheets, quality control, proficiency testing and preventative maintenance performance</b>	3/10/21 g	
<b>Test Performance</b> <span style="float: right;">done 100%</span>	3/10/21 g	
<b>Direct observation of equipment maintenance function checks and calibration</b>	3/10/21 g	
<b>Problem Solving Skills</b>	3/10/21 g	

Provider Name: Michael Freeman Location: UPE 1100

*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: 3-12-21

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

Physician/Qualified Provider Signature:  Date: 3/12/21