

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	3/15/21 Ker	Name of physician/qualified provider performing direct observation Kathleen A Hemore MD
Monitoring, recording and reporting of test results.	3-10-21 gr	
Review of intermediate test results or worksheets, quality control, proficiency testing and preventative maintenance performance	3-10-21 gr	
Test Performance	100% done 3-10-21 gr	
Direct observation of equipment maintenance function checks and calibration	3-10-21 gr	
Problem Solving Skills	3-10-21 gr	

Provider Name: Deborah Kees-Folts

Location: UPC 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: Deborah Kees-Folts

Date: 3/15/21

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

Physician/Qualified Provider Signature: [Signature]

Date: 3/15/21