

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	3-24-21 E.S.	Name of physician/qualified provider performing direct observation <i>Nancy Jones-Ceraso</i>
Monitoring, recording and reporting of test results.	3-24-21 E.S.	↓
Review of intermediate test results or worksheets, quality control, proficiency testing and preventative maintenance performance	3-24-21 E.S.	
Test Performance	3-24-21 E.S.	
Direct observation of equipment maintenance function checks and calibration	3-24-21 E.S.	
Problem Solving Skills	3-24-21 E.S.	

Provider Name: *Elaine Greene*

Location: *Hope Dr.*

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: *Elaine Greene*

Date: *3-23-21*

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

Physician/Qualified Provider Signature: *Nancy Jones-Ceraso*

Date: *3-23-21*