

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 patient preparation, specimen collection, handling, processing and testing.	SH 4/14/21	Name of physician/qualified provider performing direct observation Wendy Jones CRNP
Monitoring, recording and reporting of test results.	SH	↓
Review of patient logs for completeness.	SH	
Test Performance	SH	
Equipment maintenance	SH	
Problem Solving Skills	SH	

Provider Name: x Susan Henning 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: x Susan Elt Date: 4/14/21

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

Physician/Qualified Provider Signature: Wendy Jones CRNP Date: 4/14/21