

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.	3/23/21 SL	Name of physician/qualified provider performing direct observation <i>Wendy S Jones CREP 3/23/2021</i>
Monitoring, recording and reporting of test results.	SL	
Review of patient logs for completeness.	SL	
Test Performance	SL	
Equipment maintenance	SL NA	
Problem Solving Skills	↓ SL	

Provider Name: Sarah Horvath

Location: 35 Hope Drive

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: *[Signature]*

Date: 3/23/21

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

Physician/Qualified Provider Signature: *Wendy S Jones CREP*

Date: 3/23/21