

### 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.	4/15   WSW	Name of physician/qualified provider performing direct observation Wendy Jones CPND
Monitoring, recording and reporting of test results.	4/15   WSW	
Review of patient logs for completeness.	4/15   WSW	
Test Performance	4/15   WSW	
Equipment maintenance	4/15   EN	
Problem Solving Skills	4/15   EN	

Provider Name: N. E. Nausbaum Location: 35 Horse 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: [Signature] Date: 4/15/2021

The above named provider has demonstrated competency to perform the laboratory test procedures indicated above.  
 Physician/Qualified Provider Signature: Wendy Jones CPND Date: 4/15/21