

**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.	4/1 DMG	Name of physician/qualified provider performing direct observation <u>Wendy Jones CRNP</u>
Monitoring, recording and reporting of test results.	4/1 DMG	
Review of patient logs for completeness.	4/1 DMG	
Test Performance	4/1 DMG	
Equipment maintenance	4/1 DMG	
Problem Solving Skills	4/1 DMG	

Provider Name: Donna M Oswald

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: [Signature]

Date: 4-1-2021

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

Physician/Qualified Provider Signature: Wendy Jones CRNP

Date: 4-1-2021