

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	X TU	Name of physician/qualified provider performing direct observation <i>Wendy Jones Crisp</i>
Monitoring, recording and reporting of test results.	AS	
Review of intermediate test results or worksheets, quality control, proficiency testing and preventative maintenance performance	AS	
Test Performance	TU	
Direct observation of equipment maintenance function checks and calibration	TU	
Problem Solving Skills	AS	

Provider Name: Amy L. Stauffer Crisp 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: 3/25/2021

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

Physician/Qualified Provider Signature: *Wendy Jones Crisp* Date: 3/25/21