

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.	4/15/21 <i>see</i>	Name of physician/qualified provider performing direct observation <i>Wendy S Jones CRND</i>
Monitoring, recording and reporting of test results.	↓	↓
Review of patient logs for completeness.	↓	
Test Performance	↓	
Equipment maintenance	↓	
Problem Solving Skills	↓	↓

Provider Name: *Seider Ural* Location: *Nope 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: *Seider Ural* Date: *4/15/21*

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

Physician/Qualified Provider Signature: *Wendy S Jones CRND* Date: *4/15/21*