

**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:
<b>Direct Observation of routine patient test performance, including patient preparation, if applicable, and specimen collection, handling, processing and testing</b>	3/24/21 cm	Name of physician/qualified provider performing direct observation  Wendy Jones-Crow
<b>Monitoring, recording and reporting of test results.</b>	3/24/21 cm	
<b>Review of intermediate test results or worksheets, quality control, proficiency testing and preventative maintenance performance</b>	3/24/21 cm	↓
<b>Test Performance</b>	3/24/21 cm	
<b>Direct observation of equipment maintenance function checks and calibration</b>	3/24/21 cm	
<b>Problem Solving Skills</b>	3/24/21 cm	

Provider Name: Courtney Murray CNM 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: 3/24/21

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

Physician/Qualified Provider Signature: Wendy Jones-Crow Date: 3/24/21