

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	11/16/2021 <i>Smaetta</i>	Name of physician/qualified provider performing direct observation
Monitoring, recording and reporting of test results.	11/14/2021 <i>Smaetta</i>	
Review of intermediate test results or worksheets, quality control, proficiency testing and preventative maintenance performance	11/16/2021 <i>Smaetta</i>	
Test Performance	11/16/2021 <i>Smaetta</i>	
Direct observation of equipment maintenance function checks and calibration	11/16/2021 <i>Smaetta</i>	
Problem Solving Skills	11/16/2021 <i>Smaetta</i>	

Provider Name: Thomas A. Davilanski

Location: Room 11 Dermatology

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: 11/16/21

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

Physician/Qualified Provider Signature: *[Signature]*

Date: 11/16/2021