

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:

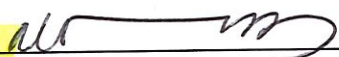
| | Date/Initials: | Notes/Comments: |
|---|----------------------------------|--|
| Direct Observation of routine patient test performance, including patient preparation, if applicable, and specimen collection, handling, processing and testing | MSS 9-16-21 KPF | Name of physician/qualified provider performing direct observation |
| Monitoring, recording and reporting of test results. | MSS 9-16-21 KPF | |
| Review of intermediate test results or worksheets, quality control, proficiency testing and preventative maintenance performance | MSS 9-16-21 KPF | |
| Test Performance | 12/3/20 KPF | |
| Direct observation of equipment maintenance function checks and calibration | MSS 9-16-21 KPF | |
| Problem Solving Skills | MSS 9-16-21 KPF | |

Provider Name: Mark Stephens Location: Park Ave

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:  Date: 8/12/2021

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

Physician/Qualified Provider Signature:  Date: 9-16-2021