

**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	1/14/22 [Signature]	Name of physician/qualified provider performing direct observation <u>Levelle Drose-Bigatel MD</u>
Monitoring, recording and reporting of test results.	↓	↓
Review of intermediate test results or worksheets, quality control, proficiency testing and preventative maintenance performance		
Test Performance		
Direct observation of equipment maintenance function checks and calibration		
Problem Solving Skills		

Provider Name: Peter Lewis

Location: Fishburn

*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: 1-14-22 12:42 PM

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

Physician/Qualified Provider Signature: [Signature]

Date: 1/14/22