

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.	SLM 10/21/21	Name of physician/qualified provider performing direct observation Stacey Mikuniz, MD
Monitoring, recording and reporting of test results.	↓	↓
Review of patient logs for completeness.		
Test Performance		
Equipment maintenance		
Problem Solving Skills	↓	↓

Provider Name: Anthony Dambro

Location: Nyes Suite F

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: 10/21/21

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

Physician/Qualified Provider Signature: Stacey Mikuniz, MD

Date: 10/21/21