

**Competency Form**

**Provider Performed Microscopy**

Competency Type (circle one): Initial Training/ 6-month Annual

Select each applicable test:  Wet Prep  KOH Prep  ~~IFERN~~  ~~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 10/20/21 <del>10/20/21</del>	Name of physician/qualified provider performing direct observation Stacey Milunec, MD
Monitoring, recording and reporting of test results.	↓	↓
Review of patient logs for completeness.	↓	↓
Test Performance	↓	↓
Equipment maintenance	↓	↓
Problem Solving Skills	↓	↓

Provider Name: My-Hang Pham, PA-C Location: Nyes II

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: 10/20/21

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

Physician/Qualified Provider Signature: Stacey Milunec, MD Date: 10/20/21