

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.	9/23/21 SLM	Name of physician/qualified provider performing direct observation
Monitoring, recording and reporting of test results.	↓	
Review of patient logs for completeness.		
Test Performance		
Equipment maintenance		
Problem Solving Skills		

Provider Name: Angelica Yamada

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: 9/23/21

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

Physician/Qualified Provider Signature: [Signature]

Date: 9/23/21