

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.	4/6/21 JTC	Name of physician/qualified provider performing direct observation Karl Cleber
Monitoring, recording and reporting of test results.	4/6/21 JTC	
Review of patient logs for completeness.	JTC	
Test Performance	JTC	
Equipment maintenance	JTC	
Problem Solving Skills	JTC	

Provider Name: Stacey Miluniz, MS

Location: Nyree Rd. Suite A

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: Stacey Miluniz, MS

Date: 4/6/21

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

Physician/Qualified Provider Signature: [Signature]

Date: 4/6/21