

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 10/19/21	Name of physician/qualified provider performing direct observation Stacey Milunz, MD
Monitoring, recording and reporting of test results.	↓	↓
Review of patient logs for completeness.	↓	↓
Test Performance	↓	↓
Equipment maintenance	↓	↓
Problem Solving Skills	SLM 10/19/21	Stacey Milunz, MD

Provider Name: Roland Newman Location: Nyas FCM

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: 10/19/21

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

Physician/Qualified Provider Signature: Stacey Milunz, MD Date: 10/19/21