

**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.	✓	Name of physician/qualified provider performing direct observation Stacey Milunsky, MD 4/6/21
Monitoring, recording and reporting of test results.	✓	↓
Review of patient logs for completeness.	✓	
Test Performance	✓	
Equipment maintenance	✓	
Problem Solving Skills	✓	

Provider Name: DNE RICHARD Location: Nyee 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: [Signature] Date: 4/6/21

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

Physician/Qualified Provider Signature: Stacey Milunsky, MD Date: 4/6/21