

Carl Vinson VAMC  
P&LMS, Ancillary Testing Section

**PPMP  
Competency Assessment Checklist**

Provider PRINTED Name: Michelle Wronek

Assessor PRINTED Name: Lisa G. Lee

Date: \_\_\_\_\_ Assessment Type: Initial Comp / 6mo Competency / Annual Competency

Proficiency Code: C = Competent to perform independently without direct supervision  
NC = Not Competent

Method of Assessment: DO = Direct observation of testing (actual or simulated test)  
T = Proficiency Testing (blind testing)  
RR = Results reporting (observed or chart review)  
QC = Quality control performance  
W = Written exam (by hardcopy or online via MTS website www.medtraining.org)  
M = Performs or verbalizes maintenance (cleaning oculars, objectives, & stage)  
V = Verbalizes understanding

INSTRUCTIONS: Record a single checkmark under each of two sections to the right, one for Proficiency Code, and one for Method of Assessment (suggested method is shaded).	Proficiency Code		Method of Assessment						
	C	NC	DO	T	RR	QC	W	M	V
Uses 2 identifiers, full name and full SSN, to confirm patient ID before collecting specimen.	✓								✓
Performs testing in accordance with the approved SOP.	✓		✓						
Verifies materials are not expired, then performs quality control if applicable (in practice, QC performance assumes microscopic findings are discordant with macroscopic findings and/or clinical status/history).	✓					✓			
Using the CPRS Ancillary Testing Results Note (template), reports test results appropriately.	✓				✓				
Microscope maintenance - is knowledgeable of procedure for cleaning the oculars, objectives, and stage.	✓							✓	
Participation in Proficiency Testing, Date:	✓			✓					
Problem solving skills verified, Date:	✓						✓		

By signing below, the provider attests to receiving adequate PPM training, and to possessing a sufficient working knowledge to perform testing competently. The provider agrees to perform testing in accordance with the SOP.

Provider Signature: \_\_\_\_\_

By signing below, the assessor attests to having provided sufficient training, such that the provider is hereby certified competent and deemed able to perform testing independently.

Assessor Signature: \_\_\_\_\_

