

		Laboratory Name:		CLIA #:	
		Competency Assessment for:		▪ At least semiannually (1st assessment w/i 7 months from the start of testing and 2 nd assessment no later than 12 months from the start of patient testing during the 1st year (new employees)) ▪ At least annually after an individual has performed assigned duties for one year	
☐ 6 month (up to 7 months) ☐ 12 month ☐ Annual ☐ Re-Training		Hire/Start Date:		Position:	
Name of test and/or instrument with manufacturer name BOLD = Non-Waived		Direct observation of routine test performance AND Monitor test result recording & reporting	Review of worksheets, QC, PT, and maintenance records. <i>Check all that apply.</i>	Direct observation of instrument maintenance. <i>Check all that apply.</i>	Assessment of test performance (PT / Blind Samples) records. <i>Attach copies of original & blind sample results to competency form.</i>
		Evaluation of problem-solving skills. <i>Attach document or write what was used below. Check all that apply.</i>			
☐ Hct ☐ Hgb ☐ Hgb A1c ☐ FluVid ☐ Glucose ☐ Strep A Ag ☐ Ur Dip ☐ Ur hCG ☐ BV ☐ Trich		☐ epoc ☐ Wet Prep ☐ Fern Test ☐ PT/INR (CoagSense) ☐ Other:	Patient ID: _____ <i>Check all that apply.</i> ① ☐ Patient preparation ☐ Specimen handling ☐ Processing & Testing ☐ Recording/reporting results (incl. criticals) ② Date: _____	☐ Quality Control records ☐ Proficiency test results ☐ Preventative maintenance ☐ Documents remedial action ③ Date: _____	☐ Daily ☐ Monthly ☐ 3 months (quarterly) ☐ 6 months (bi-annual) ☐ _____ ④ Date Observed: _____
		PT Event: _____ ☐ Pass ☐ Fail Score: _____ ⑤ <i>Or</i> Blind Sample comparison ☐ Pass ☐ Fail Date: _____	☐ Review of instrument ☐ Problem logs ☐ Review of QC issues ☐ Review of QA ☐ Quiz or scenario Score: _____ ⑥ Date: _____		
☐ Hct ☐ Hgb ☐ Hgb A1c ☐ FluVid ☐ Glucose ☐ Strep A Ag ☐ Ur Dip ☐ Ur hCG ☐ BV ☐ Trich		☐ epoc ☐ Wet Prep ☐ Fern Test ☐ PT/INR (CoagSense) ☐ Other:	Patient ID: _____ <i>Check all that apply.</i> ① ☐ Patient preparation ☐ Specimen handling ☐ Processing & Testing ☐ Recording/reporting results (incl. criticals) ② Date: _____	☐ Quality Control records ☐ Proficiency test results ☐ Preventative maintenance ☐ Documents remedial action ③ Date: _____	☐ Daily ☐ Monthly ☐ 3 months (quarterly) ☐ 6 months (bi-annual) ☐ _____ ④ Date Observed: _____
		PT Event: _____ ☐ Pass ☐ Fail Score: _____ ⑤ <i>Or</i> Blind Sample comparison ☐ Pass ☐ Fail Date: _____	☐ Review of instrument ☐ Problem logs ☐ Review of QC issues ☐ Review of QA ☐ Quiz or scenario Score: _____ ⑥ Date: _____		
☐ Hct ☐ Hgb ☐ Hgb A1c ☐ FluVid ☐ Glucose ☐ Strep A Ag ☐ Ur Dip ☐ Ur hCG ☐ BV ☐ Trich		☐ epoc ☐ Wet Prep ☐ Fern Test ☐ PT/INR (CoagSense) ☐ Other:	Patient ID: _____ <i>Check all that apply.</i> ① ☐ Patient preparation ☐ Specimen handling ☐ Processing & Testing ☐ Recording/reporting results (incl. criticals) ② Date: _____	☐ Quality Control records ☐ Proficiency test results ☐ Preventative maintenance ☐ Documents remedial action ③ Date: _____	☐ Daily ☐ Monthly ☐ 3 months (quarterly) ☐ 6 months (bi-annual) ☐ _____ ④ Date Observed: _____
		PT Event: _____ ☐ Pass ☐ Fail Score: _____ ⑤ <i>Or</i> Blind Sample comparison ☐ Pass ☐ Fail Date: _____	☐ Review of instrument ☐ Problem logs ☐ Review of QC issues ☐ Review of QA ☐ Quiz or scenario Score: _____ ⑥ Date: _____		

Competency satisfactorily demonstrated: ☐ Yes ☐ No		Comments:	
Corrective Actions (if applicable):			
Employee's Signature*:		Date:	
Technical Consultant/Supervisor Signature:		Date Reviewed:	
Next Review due by:			

*Employee's signature indicates the following: employee can produce appropriate education credentials as required/requested by laboratory inspection agency; employee has read and understands the procedure; employee feels comfortable and confident performing all necessary procedures prior to performing patient tests.