Blanchard Valley Health System	Laboratory Point of Care Testing			Year:	
Training Certificate of Com	oletion				
Method: POCT DCA Vantage Ana	llyzer				
Test analyte: Hemoglobin A1c			_		
Si	e:				
Locatio	n:				
Qualified Individual listed below is responsible for the initial training and competency of the newly trained operator					
Signature of qualified	ndividual:				
Job title of qualified in	dividual:				
Newly trained operators:				5	
Date of Training Last Name	First Name	Title	ID Number	Department	Supervisor/Manager
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NOTE: POCT training records including checklists and assessments must be kept on site for at least two years.

After completion, please scan this document and send electronic copy to: Igmorman@bvhealthsystem.org