

Blanchard Valley Health System

Laboratory Point of Care Testing

Training Certificate of Completion

Method: POCT ID NOW

Test analyte: COVID-19 2.0, Influenza A&B 2, RSV, Strep A2

Site:	
Location:	

Year:

Trained and assessed for competency after initial training by qualified individual:

Signature of qualified individual:

Job title of qualified individual:

Newly trained operators:

(Note: Date of training must include day / month / year)

Date of Training	Last Name	First Name	Title	Maiden/Former Name	ID Number	Department	Supervisor/Manager

NOTE: POCT training records including checklists and assessments must be kept on site for at least two years.

Permanent electronic records of associate POCT training must be documented in BVHS Net Learning.

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