

Blanchard Valley Health System Site: \_\_\_\_\_ Location: \_\_\_\_\_ form revised 5/31/23 LTR

**Training / Competency Assessment** for Laboratory Point of Care Testing Date of Hire / Transfer: \_\_\_\_\_

**Method:** POCT Cardinal Health Mono II Rapid Test Date of Initial Training: \_\_\_\_\_

**Test Analyte:** Infectious Mononucleosis Heterophile Antibodies in Whole Blood

Associate Name and Title: \_\_\_\_\_ Maiden/Former Name: \_\_\_\_\_

(print legibly) Associate ID number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

CLIA Complexity: Waived (2 areas must be assessed) (CAP approved areas 1 – 6) (JC approved areas 1, 3, 5, 6)

\_\_\_ Training assessment after initial training (new hires) and/or new method and/or new test analytes Date: \_\_\_\_\_

\_\_\_ Competency assessment annually Date Due: \_\_\_\_\_

1. \_\_\_ 2. \_\_\_ 3. \_\_\_ **Perform QC testing as required. (Properly running QC under direct observation and recording acceptable test results meets CAP/JC competency requirements for elements 1, 2, 3.)** Record results:

Positive Control: \_\_\_\_\_

Negative Control: \_\_\_\_\_ PASS / FAIL (circle)

4. **Not applicable. (Properly performing instrument maintenance and function checks under direct observation and documenting acceptable results meets CAP/JC competency requirements for element 4.)**

5. \_\_\_ **Perform testing on an unknown sample as required. (Analyzing an unknown sample and getting acceptable test results meets CAP/JC competency requirements for element 5.)** Record results.

**UNKNOWN Test:** (Patient or Control or CAP Proficiency sample) \_\_\_\_\_ PASS / FAIL (circle)

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Qualified Trainer/Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

Job title of Qualified Trainer/Assessor: \_\_\_\_\_ Satisfactory / Unsatisfactory

6. \_\_\_ **An evaluation of problem solving skills by written exam in Net Learning with 70% passing score will be assigned to meet CAP/JC competency requirements for element 6.**

Assigned: \_\_\_\_\_ Due: \_\_\_\_\_ Completed: \_\_\_\_\_ Score: \_\_\_\_\_ PASS / FAIL (circle)

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Note: All annual competency assessment forms are due by **September 30.**