

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

Method: **POCT pHizatest Phenaphthazine Paper (pH paper)** Date of Initial Training: \_\_\_\_\_

Test Analyte: **vaginal pH**

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:

Test buffer solution pH 5.0 (negative control) and buffer solution pH 7.5 (positive control). Compare color to color chart.

Record color, pH (number) and interpretation of results (positive / negative for ruptured membranes).

Color \_\_\_\_\_ pH \_\_\_\_\_ Color \_\_\_\_\_ pH \_\_\_\_\_

QC Negative control result \_\_\_\_\_ QC Positive control result \_\_\_\_\_

PASS / FAIL (circle)

**4. Not applicable to pH paper (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 buffer solution or saline or CAP Proficiency sample) Test sample and compare color to color chart.

Record color, pH (number) and interpretation of results (positive / negative for ruptured membranes).

Color \_\_\_\_\_ pH \_\_\_\_\_

Unknown result \_\_\_\_\_ 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**.