

Blanchard Valley Health System Site: _____ Location: _____

Training / Competency Assessment for Laboratory Point of Care Testing Date of Hire / Transfer: _____

Method: POCT hCG Combo Rapid Test Date of Initial Training: _____

Test Analyte: Urine hCG

Associate Name and Title: _____

(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: _____