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Approved by: Jessica Bourke	Revision Date: 1/22/2021	

SIX MONTH POST TRAINING COMPETENCY ASSESSMENT FORM

Name of Employee: _____ Date Tested: _____

Observer: _____



Trained Area: _____

	Competency	Yes	No	Comments	Observer Sign Off
1	Direct observation of routine patient test performance				
2	Recording and reporting of test results				
3	Review of intermediate test results/worksheets, quality control records, proficiency testing results, preventive maintenance records.				
4	Direct observation of performance of instrument maintenance and function checks				
5	Test performance through internal blind testing samples/external proficiency testing				
6	Problem-solving skills				

The trainee has displayed continued competence for training area

Yes - Competent **No - Retraining Required**

Signature _____ Date _____
 (Senior Technologist)

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Record of Edited Revisions

Manual Section Name: Six Months Training Competency Assessment Form Template

Page Number / Item	Date of Revision	Signature of Approval
Annual Review	September 14, 2018	Dr. T. Mazzulli
Bi-Annual Review	January 22, 2021	Dr. T. Mazzulli