Hemochron Signature Elite Low Range Activated Clotting Time - 6 Methods of Competency Assessment Record

Unit Location:	**Printed Name of Trainer(s):**						
HOW MEASURED:	**A. Direct Observation**	**B. Document/Record Review**	**C. Problem Solving Test & Policy Review**				
Printed Staff Name & License Number	**Patient Preparation, Specimen Collection, Handling and Performance of Test** **List Patient MRN, Date, & Time test was performed correctly.**	**Verifying Results/ Review of Patient Results for the Proper and Correct Recording and Reporting** **List Patient MRN, Date, & Time of test that was reviewed & documented correctly.**	**Review Quality Control Documentation** **List Date & Time of LQC performed that was reviewed & documented correctly.**	**Observe performance of EQC – *OR* – that staff knows how to look it up when performed automatically by the instrument.** **List Date & Time of the EQC that was performed.**	**Performed Liquid Quality Control within range – *OR* - CAP Survey** **List Date & Time of Liquid Quality Control performed or CAP performed.**	**Passed Problem Solving Written Test.** **Attach copy of written test.**	**Initials of Trainee**
Name: License #: **HOW MEASURED:**	MRN: DATE/TIME: A. Trainer:	MRN: DATE/TIME: B. Trainer:	DATE/TIME: B. Trainer:	DATE/TIME: A. Trainer:	DATE/TIME: A. Trainer:	DATE PASSED TEST: C. Trainer:	
Name: License #: **HOW MEASURED:**	MRN: DATE/TIME: A. Trainer:	MRN: DATE/TIME: B. Trainer:	DATE/TIME: B. Trainer:	DATE/TIME: A. Trainer:	DATE/TIME: A. Trainer:	DATE PASSED TEST: C. Trainer:	
Name: License #: **HOW MEASURED:**	MRN: DATE/TIME: A. Trainer:	MRN: DATE/TIME: B. Trainer:	DATE/TIME: B. Trainer:	DATE/TIME: A. Trainer:	DATE/TIME: A. Trainer:	DATE PASSED TEST: C. Trainer:	
Name: License #: **HOW MEASURED:**	MRN: DATE/TIME: A. Trainer:	MRN: DATE/TIME: B. Trainer:	DATE/TIME: B. Trainer:	DATE/TIME: A. Trainer:	DATE/TIME: A. Trainer:	DATE PASSED TEST: C. Trainer:	
Name: License #: **HOW MEASURED:**	MRN: DATE/TIME: A. Trainer:	MRN: DATE/TIME: B. Trainer:	DATE/TIME: B. Trainer:	DATE/TIME: A. Trainer:	DATE/TIME: A. Trainer:	DATE PASSED TEST: C. Trainer:	