GEM PREMIER 5000
Competency Assessment Record
☐ Initial Competency ☐ Semi-annual Competency ☐ Annual Competency (CY:_____) ☐ Follow up

Name:			Title:
License Number:			Location:

I,_____(Employee's Initials), have read and understand the applicable policy(ies) and procedure(s) and changes therein.

	User Action	**Observer**	**Competency Assessment Method**
1	☐ Run a patient sample or a known sample as a patient. OR ☐ Skills demonstration of routine patient test performance, including: patient preparation, specimen collection, handling, processing, and testing. **Attach record.** Date/time performed: _____ MRN: _____	User ran sample or demonstrated correctly. Initials:	Directly observe test performance, including patient preparation, specimen handling, processing, and testing.
2	Review the results of a previously run sample (either a patient or a known sample) Date reviewed: _____	Initials:	Monitor the recording and reporting of test results.
3			Review of intermediate test results or worksheets, QC records, PT results and preventive maintenance records.
4	☐ Perform checking instrument status, changing paper or cartridge replacement. OR ☐ Skills demonstration of checking instrument status, change paper roll or cartridge replacement. Date performed: _____	User performed or demonstrated correct procedure. Circle which maintenance task was done. Initials:	Directly observe performance of instrument maintenance, function checks and calibration.
5	Performance of PT or blind sample (GSE, or PCOM). (**attach record if this is not the same sample as #1**) Date and time performed: _____	User ran the sample correctly. Initials:	Assess test performance using previously analyzed samples.
6	Score **100% on the written quiz** to demonstrate appropriate problem-solving skills.	100% answered correctly. Initials:	Assessment of problem-solving skills.

(FOR INITIAL COMPETENCY or FOLLOW UP ONLY) **EMPLOYEE**: I feel competent in the competencies noted above: YES or NO
I feel I need additional training with the following:

EMPLOYEE'S SIGNATURE:	**DATE**:

Technical Consultant Observer (Qualified with BS in chemical, physical or biological science or medical technology) with at least 2 years of Laboratory training, experience or both with specialty of chemistry or hematology testing) : I have reviewed all six methods of competency and have determined that the employee is competent to work in these areas.

PRINTED NAME OF OBSERVER: _____ *DATE:* _____

SIGNATURE OF OBSERVER :