

PPM Mentoring Attestation: Date: _____

Name of mentored practitioner: _____

UC Provider #: __ __ __ __ __

Microscopic examinations to be mentored: (circle all applicable):

 KOH Wet Mount Ferning Pinworm Urine sediment

Name of Mentor: _____

UC Provider #: __ __ __ __ __

Dates of mentoring activity: _____ through _____

By my signature below I have mentored the above practitioner in the performance of the following microscopic examinations for which I have privileges at UCSF Medical Center. This mentoring consisted of my concordant secondary review of at least 12 slides for each of the examinations circled below:

 KOH Wet Mount Ferning Pinworm Urine sediment

I do not have any concerns with the practitioner's clinical competency related to the PPM tests that were reviewed.

Signature: _____ Date: _____