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: __________