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: _____________