**Competency Assessment for GeneXpert Advanced Users**

|  |  |
| --- | --- |
| **First Name:** | **Last Name:** |
| **Home institution:** | **Country:** |

**Date GeneXpert Advanced Users training course completed:**

Table 1. Record of mentored activities conducted

Each activity requires a minimum of two satisfactory mentored events prior to assessment of competency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Date** | **Checklist/ report received on time** | **Satisfactory/ unsatisfactory** | **Evaluator Name** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

#### Table 2. Competency to conduct GeneXpert Advanced User duties

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area of expertise** | **Competent (Y/N)** | **Date** | **Comments** | **Evaluator Name** |
| **GeneXpert assessments[[1]](#footnote-2)** |  |  |  |  |
| **GeneXpert installation** |  |  |  |  |
| **GeneXpert troubleshooting** |  |  |  |  |
| **GeneXpert**  **on-site mentoring** |  |  |  |  |
| **GeneXpert training** |  |  |  |  |

**Review**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is certified as an active GeneXpert Advanced User, and is competent to perform the duties indicated in Table 2.

Competency assessment is applicable for a 2-year period from the date given below.

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name, title)

GeneXpert Focal Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date reassessment due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Using Pre-installation, Installation, Supervision, Implementation or Connectivity Checklists [↑](#footnote-ref-2)