

Personnel Decertification

Purpose: To decertify personnel in one or more SOCA functions.
When: Whenever personnel no longer works on LSOCA.
By whom: Clinic staff member requesting decertification; Clinic Director must sign this form.
Instructions: Fax this form to the Coordinating Center once form has been completed.

A. Identifying information

1. Clinic ID code: _____

2. Name of person to be decertified
(please print):

name

3. Date of de-certification:
____-____-____
day mon year

4. Certification ID#: _____

For Data Entry personnel only

5. Data entry PIN: (four to six alpha numeric characters that are used to log into electronic data system which are created when completing the tutorial):
____-____-____-____-____-____

6. Functions for which decertification is being requested (check all that apply)

- a. Clinic Coordinator: ()
- b. Internist: ()
- c. Research Nurse/Nurse Practitioner: ()
- d. Ophthalmologist: ()
- e. Photographer: ()
- f. Visual acuity examiner: ()
- g. Goldmann visual field examiner: ()
- h. Humphrey visual field examiner: ()
- i. Contrast sensitivity examiner: ()
- j. Data entry technician: ()
- k. Other (specify): ()

B. Clinic director/director assurance

7. Date form reviewed:
____-____-____
day mon year

8. Clinic coordinator ID: _____

9. Clinic coordinator signature:

10. Clinic director ID: _____

11. Clinic director signature:

Fax this form to:
LSOCA Certification Monitor
SOCA Coordinating Center
Fax (443) 287-5797
615 North Wolfe St., Room W5010
Baltimore, Maryland 21205

C. Coordinating center use

12. Date form reviewed:
____-____-____
day mon year

13. Action taken:

14. Person reviewing this form (please print):
