

I _____ declare I have viewed the lessons listed below as required by my employer for training purposes.

NOTE: Please place a mark in the box next to each lesson to indicate it has been viewed. When you are finished viewing all the required lessons, sign and date the list at the bottom and provide it and the lesson certificates (if required) to your HSA/Supervisor.

	Lesson Name	Notes
<input type="checkbox"/>	Introduction to eLearning	
<input type="checkbox"/>	Introduction to CorrecTek Spark	
<input type="checkbox"/>	Assigning Lab Results	
<input type="checkbox"/>	Scheduling Outside Visits	
<input type="checkbox"/>	Pending Referrals	
<input type="checkbox"/>	Release of Medical Information	
<input type="checkbox"/>	Trustee/Worker Medical Clearance	
<input type="checkbox"/>	Contact Search	
<input type="checkbox"/>	Reviewing the Patient Chart	
<input type="checkbox"/>	Accessing the MAR	
<input type="checkbox"/>	Viewing the Patient's Timeline	
<input type="checkbox"/>	Viewing the System Timeline	
<input type="checkbox"/>	Importing Scanned Documents	
<input type="checkbox"/>	Monthly Statistical Reports	
<input type="checkbox"/>	Password Change – User Level	
<input type="checkbox"/>	CorrecTek Technical Support	
<input type="checkbox"/>	<i>Optional Lessons</i>	

Employee Signature: _____ **Date:** _____

HSA/Supervisor Signature: _____ **Date:** _____