

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"/>	Documenting a New Note	
<input type="checkbox"/>	Generating New Items	
<input type="checkbox"/>	Creating a New Prescription	
Completing Daily Workflow		
<input type="checkbox"/>	Tasks Due	
<input type="checkbox"/>	Patients to be Seen	
<input type="checkbox"/>	Renewal Tasks	
<input type="checkbox"/>	Approve/Deny Tasks	
<input type="checkbox"/>	Lab to Review	
<input type="checkbox"/>	Contact Search	
<input type="checkbox"/>	Reviewing the Patient Chart	
<input type="checkbox"/>	Accessing the MAR	
<input type="checkbox"/>	Administering a Dose or Treatment (MAR)	
<input type="checkbox"/>	Administering a STAT Dose (MAR)	
<input type="checkbox"/>	Discontinuing a Prescription or Order (MAR)	
<input type="checkbox"/>	Viewing the Patient Timeline	
<input type="checkbox"/>	Viewing the System Timeline	
<input type="checkbox"/>	Importing Scanned Documents	
<input type="checkbox"/>	Password Change – User Level	
<input type="checkbox"/>	CorrecTek Technical Support	
<input type="checkbox"/>	Provider Certification	
<input type="checkbox"/>	<i>Optional Lessons</i>	

Employee Signature: _____ **Date:** _____

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