

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 Fast Track Electronic Learning	
<input type="checkbox"/>	Introduction to the Spark Desktop	
<input type="checkbox"/>	Utilities Tab – Adding New Users	
<input type="checkbox"/>	Utilities Tab – Resetting Passwords	
<input type="checkbox"/>	Utilities Tab – Maintaining User Departments	
<input type="checkbox"/>	Utilities Tab – User Preferences	
<input type="checkbox"/>	Utilities Tab – Granting Emergency Access	
<input type="checkbox"/>	Utilities Tab – Maintain Departments	
<input type="checkbox"/>	Utilities Tab – Daily Status Log	
<input type="checkbox"/>	Dictionary Tab – Prescription Dictionary	
<input type="checkbox"/>	Dictionary Tab – Adding a New Prescription	
<input type="checkbox"/>	Dictionary Tab – Unable to Administer Reasons	
<input type="checkbox"/>	Dictionary Tab – Maintain Providers	
<input type="checkbox"/>	Report Tab – Running a Report	
<input type="checkbox"/>	Report Tab – Monthly Statistical Reports	
<input type="checkbox"/>	CorrecTek Spark – Changing the Password	
<input type="checkbox"/>	CorrecTek Spark – Technical Support	
<input type="checkbox"/>	<i>Optional Lesson</i>	

Employee Signature: _____ Date: _____

HSA/Supervisor Signature: _____ Date: _____