

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 Electronic Learning	
<input type="checkbox"/>	Introduction to the Spark Desktop	
<input type="checkbox"/>	Documenting a New Note	
<input type="checkbox"/>	Generating New Items from the Desktop	
<input type="checkbox"/>	Creating a New Prescription	
<input type="checkbox"/>	Completing Daily Workflow Patients to be Seen featuring Dental Graphic Chart	
<input type="checkbox"/>	Advanced Dental – Additional Information	
<input type="checkbox"/>	Dental Hygiene Appointments	
Completing Daily Workflow		
<input type="checkbox"/>	Tasks Due	
<input type="checkbox"/>	Tasks Requiring Renewal	
<input type="checkbox"/>	Tasks Requiring Approval/Rejection	
<input type="checkbox"/>	Lab Results for Review	
<input type="checkbox"/>	System Column – Search Contacts	
<input type="checkbox"/>	Viewing the Patient Chart	
<input type="checkbox"/>	MAR – Accessing the MAR	
<input type="checkbox"/>	MAR – Administering a STAT Dose	
<input type="checkbox"/>	Viewing the Patient’s Timeline	
<input type="checkbox"/>	System Column – Viewing the System Timeline	
<input type="checkbox"/>	Importing Scanned Documents	
<input type="checkbox"/>	CorrecTek Spark – Changing the Password	
<input type="checkbox"/>	CorrecTek Spark – Technical Support	
<input type="checkbox"/>	Provider Certification	
<input type="checkbox"/>	<i>Optional Lessons</i>	

Employee Signature: _____ **Date:** _____

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