

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"/>	Patient Chart Preparation	
<input type="checkbox"/>	Searching Contacts and Viewing the Patient Chart	
<input type="checkbox"/>	MAR – Accessing the MAR	
<input type="checkbox"/>	Viewing the Patient Timeline	
<input type="checkbox"/>	CorrecTek Spark – Changing the Password	
<input type="checkbox"/>	CorrecTek Spark – Technical Support	

Employee Signature: _____ **Date:** _____

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