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
☐	Introduction to Electronic Learning	
☐	Introduction to the Spark Desktop	
☐	Documenting a New Note	
☐	Generating New Items from the Desktop	
☐	Creating a New Prescription	
	Completing Daily Workflow	
☐	Tasks Due	
☐	Patients to be Seen	
☐	Tasks Requiring Renewal	
☐	Tasks Requiring Approval/Rejection	
☐	Lab Results for Review	
☐	System Column – Search Contacts	
☐	Viewing the Patient Chart	
☐	MAR – Accessing the MAR	
☐	MAR – Administering a STAT Dose	
☐	Viewing the Patient's Timeline	
☐	System Column – Viewing the System Timeline	
☐	Importing Scanned Documents	
☐	CorrecTek Spark – Changing the Password	
☐	CorrecTek Spark – Technical Support	
☐	**Provider Certification**	
☐	*Optional Lessons*	

Employee Signature: _____ **Date:** _____

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