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 Fast Track Electronic Learning	
☐	Introduction to the Spark Desktop	
☐	Tasks with Fields	
☐	Tasks Requiring Approval	
☐	Tasks Requiring Renewal	
☐	Tasks with Dictation	
☐	Tasks with Selections	
☐	Tasks with Signed Forms	
☐	Creating a New Prescription	
☐	Common Orders	
☐	System Column – Search Contacts	
☐	Viewing the Patient Chart	
☐	MAR – Accessing the MAR	
☐	MAR – Administering a Dose or Treatement	
☐	MAR – Administering a STAT Dose	
☐	MAR – Discontinuing a Prescription or Order	
☐	Viewing the Patient's Timeline	
☐	System Column – Viewing the System Timeline	
☐	CorrecTek Spark – Changing the Password	
☐	CorrecTek Spark – Technical Support	
☐	**Provider Certification**	
☐	*Optional Lessons*	

Employee Signature: _____ **Date:** _____

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

CorrecTek, Inc. © 2016, All Rights Reserved.