

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"/> | Completing Daily Workflow-Blood Sugars Due      |       |
| <input type="checkbox"/> | Documenting Unscheduled Blood Sugars            |       |
| <input type="checkbox"/> | Patients on Special Diets                       |       |
| <input type="checkbox"/> | System Column – Search Contacts                 |       |
| <input type="checkbox"/> | System Column – Viewing the System Timeline     |       |
| <input type="checkbox"/> | System Column – Performing a Med Pass           |       |
| <input type="checkbox"/> | Importing Scanned Documents                     |       |
| <input type="checkbox"/> | System Column – Med Pass Additional Information |       |
| <input type="checkbox"/> | CorrecTek Spark – Changing the Password         |       |
| <input type="checkbox"/> | CorrecTek Spark – Technical Support             |       |

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HSA/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_