

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"/>	Tasks with Fields	
<input type="checkbox"/>	Tasks with Reports to Print	
<input type="checkbox"/>	Tasks with Dictation	
<input type="checkbox"/>	Medical Provider Visits (Today)	
<input type="checkbox"/>	Tasks with Selections	
<input type="checkbox"/>	Creating a New Prescription	
<input type="checkbox"/>	Common Orders	
<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 Dose or Treatment	
<input type="checkbox"/>	MAR – Administering a STAT Dose	
<input type="checkbox"/>	MAR – Discontinuing a Prescription or Order	
<input type="checkbox"/>	Viewing the Patient’s Timeline	
<input type="checkbox"/>	System Column – Viewing the System Timeline	
<input type="checkbox"/>	System Column – Performing a Med Pass	
<input type="checkbox"/>	System Column – Med Pass Additional Information	

<input type="checkbox"/>	CorrecTek Spark – Changing the Password	
<input type="checkbox"/>	CorrecTek Spark – Technical Support	
<input type="checkbox"/>	Nurse Certification	
<input type="checkbox"/>	<i>Optional Lessons</i>	
<input type="checkbox"/>	<i>Additional Practice</i>	

Employee Signature: _____ Date: _____

HSA/Supervisor Signature: _____ Date: _____