Computer Proficiency Attestation

Name: _____ **Title:** _____

General computer proficiency

Please check one box per row to indicate your level of experience with each task.

Task	Experienced and Confident	Some experience	No Experience
I can log in, log out, and manage my user account securely.	☐	☐	☐
I can manage multiple applications and windows simultaneously.	☐	☐	☐
I can send, receive, and manage email, including attachments.	☐	☐	☐
I can use a hospital's internal messaging system (e.g., chat) for secure communication.	☐	☐	☐
I can log in to a hospital's Electronic Health Record system using my unique, secure credentials.	☐	☐	☐
I can accurately enter and retrieve patient data.	☐	☐	☐
I can document patient encounters and care activities according to a hospital's protocols.	☐	☐	☐
I understand and agree to comply with all HIPAA and facility confidentiality policies.	☐	☐	☐

I certify that the information provided above accurately reflects my current level of computer proficiency

Signature: _____

Date: _____