

Service: \_\_\_\_\_



## CPRS, iMed Consent, Encounters Self-Certification/Acknowledgement

I, \_\_\_\_\_

Print name

do hereby acknowledge completing the online CPRS Basic Training 2019-20. I was afforded the opportunity to ask questions related to the use of CPRS and iMed Consent. All of my questions concerning the use of CPRS and iMed Consent were adequately addressed by a CAC/Clinical Systems Specialist at this time. I understand that I need to call the CPRS Help Line at 820-6200 with any CPRS related questions during normal business hours and the National Help Desk at ext. 6685 during off hours.

I also acknowledge receiving the following: CPRS Pocket Guide for Clinicians trifold, iMed Consent Quick Start Guide ~~and one Encounter Completion How To Quick Reference Guide~~ from the Informatics & Analytics Office at the Louis Stokes VA Medical Center, Cleveland, Ohio. I certify having a basic understanding in the use of the CPRS Electronic Medical Record clinical system to perform my job safely and effectively as a clinician at the Wade Park VAMC. I understand prior to all invasive procedures iMed Consent software will be used to obtain appropriate signatures when applicable including the practitioner obtaining consent, the patient or significant other and witness.

\_\_\_\_\_  
Clinician's Full Printed Name

\_\_\_\_\_  
CAC/Clinical Systems Specialist Printed Name

\_\_\_\_\_  
Clinician's Signature

\_\_\_\_\_  
CAC/Clinical Systems Specialist Signature

\_\_\_\_\_  
Date/Time Signed  
V.3.0

\_\_\_\_\_  
Date/Time Signed