

Nursing Student eMD Video Check-Off

Attestation

Print Instructor Name _____ Date _____

Nursing School/College _____

By signing this form, I attest that my nursing students have viewed all eMD videos on the Student website, can document medications on the eMAR accurately; and understand functionality, documentation, and policy on intake & output and vital signs in eMD.

eMD Videos:	Instructor Initials
Setting up a Password in eMD	
Basic View & Navigate Video	
Student Nurse- Downey Patient Lists Video	
eMAR Navigation- SN Introduction Video	
Student Nurse Clinical Documentation	

Nursing Instructor:

Print Name

Sign Name