

AMB/ACUTE Healthbridge 22.1 Upgrade COMPETENCY CHECKLIST

Name: _____ Contact#: _____

Title: _____ Department/Suite: _____

Competency Validation		
Healthbridge 22.1	Reviewed: Yes/No	Comments
Prescription Writer		
Compass		
Outpatient Medication Review tool		
Orders and Results Search Field		
Patient Header SOGI		

**I have reviewed the AMB/ACUTE Healthbridge 22.1 Upgrade training Materials.
I understand and agree with this competency assessment.**

Trainer Signature: _____ Date: _____

Employee Signature: _____ Date: _____