SELF DECLARATION OF eLEARNING COMPLETION

The following elearning modules are required to support a safe, respectful, and high-quality work environment. By completing and signing this form, you confirm that you have completed all assigned modules and understand your role and responsibilities as outlined in each.

Learner Name: Position / Role:

Date Completed: (Date all modules completed) Work Location:

Assigned (✓)	Module Name	Date Completed (MM/DD/YYYY)	Completed (✓)
☐	Privacy and Confidentiality		☐
☐	Civility in the Workplace		☐
☐	Fire Safety and Extinguishers		☐
☐	Emergency Colour Codes		☐
☐	Hand Hygiene - Infection Control Core Competency		☐
☐	Workplace Violence Prevention		☐
☐	Breaking Barriers - Your Guide to Understanding Accessibility		☐
☐	Workplace Hazardous Materials Information System		☐
☐	Influenza Prevention		☐
☐	Workplace Safety Essentials		☐
☐	Musculoskeletal Injury Prevention		☐
☐	St Joseph's Our Legacy of Caring		☐
☐	Cyber Security		☐

ADDITIONAL eLEARNING MODULES (If assigned by your Leader or Contact)			
	Module Name	Date Completed (MM/DD/YYYY)	Completed (✓)
1			☐
2			☐
3			☐
4			☐
5			☐

Learner Certification

I certify that I have completed each module assigned and understand my role and responsibilities as outlined in the assigned learning modules.

Learner Signature: Date (MM/DD/YYYY):

St. Joseph's Leader or Contact: Date (MM/DD/YYYY):