



## E-Learning Training Request Form

### Contact Details:

Name: \_\_\_\_\_

Practice Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ City: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Online Training Options

- |                          |                           |                            |
|--------------------------|---------------------------|----------------------------|
| <input type="checkbox"/> | Reception Intro Module    | \$225 + gst (per practice) |
| <input type="checkbox"/> | Clinical Intro Module     | \$275 + gst (per practice) |
| <input type="checkbox"/> | NIR & Immunisation Module | \$275 + gst (per practice) |
| <input type="checkbox"/> | Query Builder Module      | \$275 + gst (per practice) |
| <input type="checkbox"/> | Exam                      | \$75 + gst (per person)    |

(If you want to purchase the exam please fill out the e-learning exam request form)

More modules coming soon...

### We agree to purchase e-learning and will adhere to the following conditions:

- Access to the e-learning facility is **limited to the members of your practice only**
- To complete the exercises we recommend using the Medtech training database. Otherwise you can use a test patient in your live database.
- Your login and password will be generated on receipt of this signed form, and payment for the e-learning.
- This allows you 4 months use.

Please sign this form to accept the above conditions and as an authorisation to purchase this training session and fax back to 0800 MEDTECH (0800 633 832), or e-mail to [trainingnz@Medtechglobal.com](mailto:trainingnz@Medtechglobal.com).

Signature: \_\_\_\_\_

If you have further queries regarding the scheduling of your training, please contact Medtech Limited 09 358 0116 extension 1, or email [trainingnz@Medtechglobal.com](mailto:trainingnz@Medtechglobal.com)