

This form aims to identify the specific training needs of the healthcare professional (HCP) and to ensure that these needs are met by the training / visit provided by In2Bones. As long as you have not received specific confirmation from the Marketing Department, this document does not guarantee the participation of the HCP in a course or an OR visit. Applications must be completed and submitted at least 2 months before the date of the event (time required for the organization of an OR visit or training).

Request:  Workshop  Course  Other: \_\_\_\_\_

Information about the applicant			
<input type="checkbox"/> In2Bones <input type="checkbox"/> In2Bones Agent <input type="checkbox"/> Distributor <input type="checkbox"/> Surgeon			
Name, Last name		Profession:	
E-mail:		Phone n°:	
Information about the HCP			
Name, Last name		Hospital address:	
E-mail:		Phone n°:	
N°RPPS (France):		Date of birth: (dd/mm/yyyy)	
Spoken language	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> German		
Country : Town: Postal code:			
Profession/Job :	<input type="checkbox"/> Surgeon <input type="checkbox"/> Fellow <input type="checkbox"/> Other (specify: ex: Operating nurse, OR assistant...)		
Field:	<input type="checkbox"/> Foot & ankle <input type="checkbox"/> Lower limb <input type="checkbox"/> General orthopedist <input type="checkbox"/> Trauma		

HCP knowledge	
<input type="checkbox"/> New user without experience <span style="margin-left: 100px;"><input type="checkbox"/> User with limited experience</span>	
<input type="checkbox"/> Experienced user requiring specific training (specify below)  <hr/>	
<input type="checkbox"/> Discover new product <span style="margin-left: 50px;"><input type="checkbox"/> Discover new techniques</span> <span style="margin-left: 50px;"><input type="checkbox"/> Knowledge reinforcement</span>	
<input type="checkbox"/> Experience sharing	
Did the HCP staff attend a sawbone workshop or a product / surgical technique presentation? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
Products used by the surgeons Level of activity: <span style="margin-left: 20px;"><input type="checkbox"/> &lt; 250 foots/year</span> <span style="margin-left: 100px;"><input type="checkbox"/> &gt;250 foots/year</span> <span style="margin-left: 100px;"><input type="checkbox"/> &gt;500 foots/year</span>	
Foot activity : <span style="margin-left: 20px;"><input type="checkbox"/> Forefoot</span> <span style="margin-left: 100px;"><input type="checkbox"/> Midfoot / Hindfoot</span> <span style="margin-left: 100px;"><input type="checkbox"/> Ankle</span> <span style="margin-left: 100px;"><input type="checkbox"/> All</span>	
Other comments about the HCP:  <hr/> <hr/> <hr/>	

Training application (workshop)			
Title :		Date :	
Products concerned :	<input type="checkbox"/> IBS C & N <input type="checkbox"/> IBS S <input type="checkbox"/> Neosys UU <input type="checkbox"/> Neofuse <input type="checkbox"/> Burrs <input type="checkbox"/> Duafit <input type="checkbox"/> Neomis <input type="checkbox"/> Akilink <input type="checkbox"/> OS2 V/VP <input type="checkbox"/> OS2C <input type="checkbox"/> Pit Stop <input type="checkbox"/> Neofit <input type="checkbox"/> Triway <input type="checkbox"/> NeoSpan <input type="checkbox"/> RTS MTP <input type="checkbox"/> RTS LMTP <input type="checkbox"/> CoLink BGH <input type="checkbox"/> CoLink Plating System		
Technic:	<input type="checkbox"/> Conventional <input type="checkbox"/> MIS <input type="checkbox"/> Percutaneous		
If HCP has already participated in an OR visit for this product, why does it want a second training?			
Date / days desired for this training Specify: dates / days / months	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Months : _____		

Name and profession of the Designated Attendee who will be present with the HCP:  _____	
Does the Designated Attendee have the language level required to participate in this training? (Essential if the OR visit takes place abroad) <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>For international events only:</b> Does the HCP have the knowledge and practice of the language required to participate in this course? : <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Check with the country embassy where the course is organized if a specific visa is needed.</i>  <i>Invitation letter needed for visa application</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	

*It is the responsibility of the applicant to ensure that all legal declarations of assumption applicable in the country of practice of the HCP have been submitted to the authorities of that country.*

In2Bones Validation	
<input type="checkbox"/> Approval	<i>The undersigned approves this request and confirms, after the usual checks, that according to his knowledge, the training requested is accurate and proven, and that this request complies with the In2Bones Compliance rules, including the local laws in force.</i>
<input type="checkbox"/> Refusal	<i>The undersigned refuses this request for the following reason(s):</i> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>