

BENTIPS™ TRAINING PROTOCOL ASSESSMENT RECORD (Version 4.0)

Instructions: Please Fill in. Sign. Scan. Email to drben@bentipsusa.com. Dr. Jacoby will evaluate it, contact you if needed, and approve the completion of your training.

Trainee Name	
Date of Training	
Training Method	<input type="checkbox"/> In-Person <input type="checkbox"/> Self-Guided <input type="checkbox"/> Combination

Did you do "Step #1: Review and sign the 'BENTIPS™ GROUP CERTIFICATION, CONFIDENTIALITY, AND IP LICENSE AGREEMENT'" ?	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO - provide details below:
Did you do "Step #2: Read the entire 'CONSOLIDATED IFU' located at www.bentipsusa.com/IFU " ?	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO - provide details below:
Did you do "Step #3: Read the entire 'DEMONSTRATION & PRACTICE OF BENTIPS MOCK CLINICAL USE' document located at www.bentipsusa.com/members " ?	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO - provide details below:
Did you do "Step #4: Perform the steps within the 'DEMONSTRATION & PRACTICE OF BENTIPS MOCK CLINICAL USE'" ?	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO - provide details below:

<p>Did you do “Step #5: Download and review the “EXAMPLE PERIO EXPLANATION” document located at www.bentipsusa.com/members” ?</p>	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO - provide details below:
<p>Did you do “Step #6: Download and review “EXAMPLE BENTIPS PO INSTRUCTIONS” document located at www.bentipsusa.com/members” ?</p>	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO - provide details below:
<p>Did you do “Step #7: Download and review “EXAMPLE RX - NOTES - NARRATIVES” document located at www.bentipsusa.com/members” ?</p>	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO - provide details below:
<p>Did you do “Step #8: Watch the clinical videos “Chad” and “Karen” located at www.bentipsusa.com/members” ?</p>	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO - provide details below:
<p>Was Step #9: “Contact BenTips with any questions or concerns” needed?</p>	<input type="checkbox"/> NO <input type="checkbox"/> YES - provide details below:

I hereby certify that I have successfully completed the above training steps:		
<i>(Print Name & Signature)</i>	<i>(Job Title)</i>	<i>(Date)</i>

FOR BENTIPS USE ONLY	
Approved By:	Date:
Signature:	Title: