

## **Training Authorization**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practice/Owner name

\_\_\_\_\_  
Customer ID number

I, \_\_\_\_\_ authorize \_\_\_\_\_  
Authorized practice representative Certified Trainer Name

to train \_\_\_\_\_ hour(s) on \_\_\_\_\_  
Date(s)

This delivery method for this training will be (please select one): ☐ in-office or ☐ online.

I understand these hour(s) will be charged to our Henry Schein Practice Solutions (HSPS) account at the rate of \$125.00 per hour for in-office training or \$99.00 per hour for online training.

### **I understand and acknowledge the following:**

- The software for my training session has been installed and is functioning properly in my office.
- I will not hold HSPS and/or its Certified Trainer responsible for any interruptions to the training that may occur due to incoming office phone calls, patients, office construction, computer/network problems, etc.
- The trainer is not authorized to install software or troubleshoot systems.
- Cancellation of training with less than 48 hours notice may result in charges for the training.
- Any recording of the training session is prohibited.

I acknowledge I am authorized to sign on behalf of the client owner. I agree to all terms and conditions on this form.

\_\_\_\_\_  
Authorized practice representative name (Printed)

\_\_\_\_\_  
Title

X

\_\_\_\_\_  
Authorized practice representative signature

\_\_\_\_\_  
Date

For Internal Use Only

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

Vendor ID: \_\_\_\_\_