

Trice Imaging, Inc.	Standard Operating Procedure	Doc. #	DIST-TF
	Distributor Training Form	Revision	A1
		Effective Date	10/06/2017

Company Name (of Distributor):			
Name of Trainer:			
Date(s) of Training:		Software Version:	

Distributors shall initial below to confirm training was completed:

TRAINING ITEM	INITIAL
Selecting and installing Tricefy Uplink	
Configuring the ultrasound system and integrations	
Configuring Account Settings (automation, branding, etc.)	
Verification of setup and the Installation Report	
Tricefy intended use, functionality, and Help Center	
Partner Portal to create and manage customers	
Troubleshooting and Level 1 Support	
Reporting product complaints & customer feedback	
Modification and verification of marketing materials	
ADDITIONAL TRAINING ITEMS (Enter below):	INITIAL

Comments, issues, feedback regarding training:

The following is to be signed by the Distributor:

I hereby verify that all training as listed above was received and considered adequate:

Name:		Date:	
Signature:			

The following is to be signed by the Trainer (employee of Trice Imaging, Inc.)

Name:		Date:	
Signature:			