



Application For GEHC Multi-Vendor Service Training

Applicant Information: Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

Application Date: _____

This Application is for:

- GEHC Multi-Vendor Service Training only (trainees will not be permitted to remove from GEHC' training facility any GEHC Multi-Vendor Electronic Support Tools or other materials provided during training).

Equipment to which this application relates:

Item #	Description of Equipment (and Site* address if different than above)	System ID #	Modality

* Equipment must be installed on the Site of the Applicant or of another entity under Common Legal Control with the Applicant.

GE Healthcare (GEHC) provides Multi-Vendor Service Training to full time employees of Health Care Providers who operate Multi-Vendor medical equipment to which the training relates and who meet the eligibility criteria listed below. In completing this application to receive GEHC Multi-Vendor Service Training, each person or entity signing this application or any addendum to it certifies:

- All statements made in this application and any addenda to it are true and accurate when made.
- Any qualifications or exceptions to any answer in this application or any addendum to it are completely described in this application or such addendum; and
- If this application or any addendum to it is for GEHC Multi-Vendor Service Training, the applicant will update the application prior to the commencement of training so that the application is true and accurate as of the date that the training course begins.

Eligibility Criteria

GE Healthcare (GEHC) will consider applications to provide training to those Health Care Providers that have the right to operate the specific Multi-Vendor medical equipment to which the Multi-Vendor Training applies. GEHC will consider applications to provide Multi-Vendor Service Training from Service Employees of Health Care Providers that meet the above eligibility criteria as of the date that the Advanced Service Training for each Service Employee begins.

Definitions

“Applicant” means the entity making this application.

“Common Legal Control” means all entities are related through direct or indirect ownership of greater than 50% in each case.

"Equipment" means the Multi-Vendor (non-GE) medical equipment for which the Multi-Vendor Training covers by this application is licensed and on which it will be used.

"Health Care Provider" means an entity that directly uses the Equipment to provide health care to human beings.

“Service Employee” means a full time employee of you or of an entity under Common Legal Control with you who is employed and paid by you or by an entity under Common Legal Control with you to maintain and repair the Equipment, has the ability and knowledge to maintain and repair the Equipment, and is managed and supervised by other full time employees of you or full time employees of an entity under Common Legal Control. “Service Employee” does not include part time employees, employees paid by persons or entities other than those described above, or persons employed by others, including those placed on your payroll or the payroll of an entity under Common Legal Control with you for the purpose of gaining admission to GEHC Multi-Vendor Service Training.

“Site” means the specific geographic location or the specific vehicle and geographic location described above within which the Equipment and GEHC Multi-Vendor Training will be used by you.

Application Statements

Health Care Provider Statements (to be completed by the Applicant):

1. Applicant is a Health Care Provider as defined above
 YES NO.

Qualifications or exceptions (*attach additional pages as needed*):

2. Applicant has the legal right to use the Site at which the GEHC Multi-Vendor Service Training will be used
 YES NO.

Applicant has the right to operate the Equipment on which the GEHC Multi-Vendor Service Training will be used within the Site
 YES NO.

Qualifications or exceptions (*attach additional pages as needed*):

3. Applicant has one or more Service Employees to service the Equipment
 YES NO.

Qualifications or exceptions (*attach additional pages as needed*):

Service Employee Statements (to be completed by each Service Employee applying for GEHC Multi-Vendor Service Training):

Service Employee statements, as well as required confidentiality agreements to be signed by the Applicant and each Service Employee applying for training, are contained in the GEHC Multi-Vendor Service Training Application Addendum attached hereto.

Certified to be true and accurate as stated above.

GE Healthcare representative to whom application is provided (*does not constitute application approval*)

Applicant

Authorized Signature

Name

Complete Applicant Name

Title

Title of Authorized Applicant Rep.

Date Received

Return to: _____
(Street)

(City) (State) (Zip)

This application may only be approved by an authorized GEHC representative.

- Application Approved
(One box MUST be checked)
- Application Rejected

Date

Authorized Signature

Name of Authorized GEHC Rep.

Title of Authorized GEHC Rep.