

# Trainee Group Member Instructions

Valid through 31 May 2021

Trainee subscriptions do not offer CME/CPD credit.

## Subscribe to UpToDate® at our special trainee group prices.

Groups of 5 or more will receive a discount on their subscription price. Simply follow these four easy steps...

**Step 1** – Organize a group of medical students (trainees), residents, or fellows in your institution to subscribe together. Determine whether you qualify for a discount based on the size of your group (see pricing below).

Number of individuals in group	UpToDate Online (required)*		UpToDate MobileComplete™†	
	One-year	Two-year	One-year	Two-year
5+	USD 164.25 (save 25%)	USD 299.25 (save 25%)	USD 36.75 (save 25%)	USD 66.75 (save 25%)
1–4	USD 186.15 (save 15%)	USD 339.15 (save 15%)	USD 41.65 (save 15%)	USD 75.65 (save 15%)

\*Prices are subject to change without notice. Quoted discounted rates are based on a one-year trainee subscription price of USD 219 and a two-year price of USD 399. UpToDate® Advanced is included in the UpToDate Online product and price in Australia and New Zealand.

†An UpToDate Online subscription is required to purchase UpToDate MobileComplete™.

**Step 2** – Have each individual within your group complete the **Trainee Group Member Subscription Form (A, see reverse)**. Make sure each form includes complete payment information if paying individually versus as part of a group payment. If you are subscribing individually versus as part of a group, you will need to provide proof of status with your order (see details below).

**Step 3** – Complete the **Trainee Group Order Verification Form (B)** and, if submitting an order for more than one trainee, please complete the **Trainee Group Order Summary Form (C)**. In order to qualify for these trainee group rates, all individual trainee orders and payments must be received together.

**Step 4** – Collect and submit all of the following forms:

- Trainee Group Member Subscription Forms (A)** – one for each individual trainee subscribing
- Trainee Group Order Verification Form (B)** – one per group
- Trainee Group Order Summary Form (C)** – one per group if submitting an order for more than one trainee

**Step 5** – Send all forms through email to [customerservice@uptodate.com](mailto:customerservice@uptodate.com) or by fax +1.781.642.8840.

### “Trainee”, “Doctor In Training”, “Junior Doctor” or “Fellow”

**Intern:** physician in training who has completed medical school and has a medical degree, but does not yet have a full license to practice medicine unsupervised.

**Resident (Medical Officer, Resident Medical Officer, House Medical Officer):** physician that has completed an internship and may commence research or further training into a specialty program, but is not yet enrolled into one.

**Registrar:** physician who has at least the equivalent of two-three years of full time experience as a resident and has been accepted into a specialty training program.

**Fellow:** physician with one to two years in a sub-specialty area or research; often taken overseas.

\*\*\*“Trainees”, “Doctors In Training”, “Junior Doctors”, and “Fellows” are intended to be general terms. The name for this stage of training may differ from country to country. It denotes the period in which a physician is not yet fully qualified to work independently and therefore works under the supervision of senior colleagues.

### Proof of Trainee Status

If subscribing as a group, the signature of verification from a Program Director, Chief of Service, or Dean’s Representative on Trainee Group Order Form B serves as proof of trainee status.

Students, residents, and fellows (trainees) must provide at least one of the items below as proof of their trainee status.

- Signed, dated letter from the director of your program on letterhead from the institution stating that you are currently in medical training and in good standing
- Copy of the first and last page of your current contract indicating your medical trainee status and date
- Legible copy of an ID badge bearing your name, medical trainee status designation, and future expiration date

We must receive your proof of status before we can process your order. If your proof of status is not received within 30 days of the receipt of your order, your order will not be processed and will need to be resubmitted.



Please complete this **Form (A)** for each individual subscription. Submit to your group contact for trainee verification  
See instructions for definitions and proof of status. Trainee subscriptions do not offer CME/CPD credit.

GROUP NAME \_\_\_\_\_

SUBSCRIBER NAME \_\_\_\_\_

SUBSCRIBER ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ SPECIALTY \_\_\_\_\_

A secure email address is required for account access. We do not rent, share, or sell information to third parties.

**SUBSCRIPTION OPTIONS AND PRICING** Please select the same subscription term for each product selected.

\*Prices are subject to change without notice.

Ask your group coordinator your group size so you know which subscription price you are eligible for (see pricing below\*).

Number of individuals in group	UpToDate Online (required)* (per subscriber)		UpToDate MobileComplete™† (per subscriber)	
	One-year	Two-year	One-year	Two-year
5+ (25% off)	<input type="checkbox"/> USD 164.25	<input type="checkbox"/> USD 299.25	<input type="checkbox"/> USD 36.75	<input type="checkbox"/> USD 66.75
1-4 (15% off)	To subscribe, visit <a href="http://store.uptodate.com">store.uptodate.com</a> and use <b>promo code TDCLA15</b> to save 15% on your entire purchase of an annual or longer subscription. Each person must order individually.			

\*UpToDate MobileComplete is not available as a standalone product.

<b>ORDER TYPE:</b>  New  Renewal  (Account# _____)	<b>Enter UpToDate Online subscription amount for selected term</b>	USD _____
	<b>Add MobileComplete (must match UpToDate Online subscription term)†</b>	+USD _____
	<b>Estimated sales tax, VAT or GST‡</b>	+USD _____
	<b>Estimated order total</b>	=USD _____

†Please go to [www.uptodate.com/mobile](http://www.uptodate.com/mobile) for current information on supported devices.

‡UpToDate is required to collect and remit VAT, sales tax, and GST in select countries.

Applicable tax will be added at the time your order is processed.

If you are eligible for tax-exempt status on this order, you must supply your tax-exempt certificate with this form. The tax exemption cannot be applied at a later date.

For system requirements, go to [www.uptodate.com/home/help-manual-sysreq](http://www.uptodate.com/home/help-manual-sysreq).

Proof of trainee status must accompany order.

**TDCLA25 (Groups 5+) / TDCLA15 (Orders 1-4)**

**PAYMENT INFORMATION**

**Full payment with check or credit card is required at the time of order.**

**Enclosed on Form (C) is payment from my institution** (My institution is issuing one payment for the group order.)

**Check enclosed (Payable to UpToDate** in US dollars drawn on a US bank). Please do not complete payment information below.

**Charge my credit card** (Please select one.)

Visa       Mastercard

Discover       American Express

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Credit Card Billing Address** (if different from primary address)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

*This form is to be submitted by the program director or designee for group orders only.  
Trainee subscriptions do not offer CME/CPD credit.*

GROUP NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

**Attached are subscription orders for the following individuals who are members of this group.** All individual orders and payments MUST be submitted together with this form to qualify for the special pricing and additional discount if applicable.

**SUBSCRIPTION ORDER SUMMARY** If purchasing as a group with one payment, please complete this section.

	Doctor in Training NAME (Required)	Select subscription options from either one-year or two-year subscription columns. UpToDate Terms for UpToDate Online and any add-on options must match for each individual subscriber. UpToDate Online includes UpToDate Advanced.			
		One-year Subscription		Two-year Subscription	
		UpToDate® Online	MobileComplete™ (optional)	UpToDate® Online	MobileComplete™ (optional)
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL</b>					

For additional names, please photocopy, complete, and attach to this form.

**Trainee Status Verification**

**TDCLA25** (Groups 5+) / **TDCLA15** (Orders 1-4)

(MUST be verified by one of the following)

I attest that the above-named subscribers are all clinicians-in-training within this institution's training program.

**Program Director**

**Chief of Service**

**Dean's Representative**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**ENTER GROUP INFORMATION**

GROUP NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

CONTACT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

A secure email address is required for account access. We do not rent, share, or sell information to third parties.

**PAYMENT INFORMATION****Individual payments:** Information is provided on **Form (A)** and checks included when selected as payment option.**OR****Institutional payment:** If the institution is paying for the order, please make sure that the “**Enclosed is payment from my institution**” box is checked on each **Trainee Group Member Subscription Form (A)** and complete the payment section below. For wire transfer information, visit [www.uptodate.com/home/payment-options](http://www.uptodate.com/home/payment-options).**CALCULATE GROUP PAYMENT**Please enter totals from **Form (B)**.

\* Prices are subject to change without notice.

Subscription Term	A			B			C	D	Total cost
	UpToDate Online Subscription* (required)			UpToDate MobileComplete™†			Total subscription cost	Sales Tax‡, VAT, GST	
	Qty.	Unit Price	A Total (qty + price)	Qty.	Unit Price	B Total (qty + price)	Total of columns A + B	Your Tax/VAT/GST rate times column C	Total of columns C + D
One year	_____	USD 164.25	USD _____	_____	USD 36.75	USD _____	USD _____	USD _____	USD _____
Two years	_____	USD 299.25	USD _____	_____	USD 66.75	USD _____	USD _____	USD _____	USD _____
Total	_____		USD _____	_____		USD _____	USD _____	USD _____	USD _____

† An UpToDate Online subscription is required to purchase UpToDate MobileComplete.

‡ Applicable tax will be added at the time your order is processed. UpToDate is required to collect and remit VAT, sales tax, and GST in select countries.

If you are eligible for tax-exempt status on this order, you must supply your tax-exempt certificate with this form. The tax exemption cannot be applied at a later date.

Proof of trainee status must accompany order.

**TDCLA25 (Groups 5+) / TDCLA15 (Orders 1-4)****Check enclosed (Payable to UpToDate** in US dollars drawn on a US bank)**Charge my credit card** (Please select one.) Visa Mastercard Discover American Express**Credit Card Billing Address** (if different from primary address)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

Send all forms through email to [customerservice@uptodate.com](mailto:customerservice@uptodate.com) or by fax +1.781.642.8840.