

Trainee Group Member Instructions

Valid through September 30, 2023

Medical Student | Medical Trainee | Resident or Fellow

Trainee subscriptions do not offer CME/CE/CPD credit.

Subscribe to UpToDate® at our special trainee group rates

Groups of 10+ will receive a discount on their subscription. Simply follow the five easy steps below.

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
10+	US \$169 (savings of \$410)	US \$319 (savings of \$710)	US \$49	US \$89
1-9	US \$199 (savings of \$380)	US \$369 (savings of \$660)	US \$49	US \$89

*Prices are subject to change without notice. Quoted discounted rates are based on a one-year professional subscription price of \$579 and a two-year price of \$1,029. UpToDate® Pathways and UpToDate® Lab Interpretation are included in all newly purchased individual UpToDate Online subscriptions and will be available when the new subscription term begins.

†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 purchasing 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 – Mail all forms to **UpToDate Inc., P.O. Box 412094, Boston, MA 02241-2094 USA** or submit by fax to +1.781.642.8840.

Definition of “Medical Student/Medical Trainee,” “Resident,” and “Fellow”

(includes Nurse Practitioners and Physician Assistant Trainees)

Medical Student/Trainee: Any student enrolled in a program of basic medical education under the faculty of medicine at a university or medical college.

Resident or Fellow: Pre-registrant: any postgraduate doctor who has completed medical education at the university level and is participating in an “internship,” “turnus,” “pre-registration,” or equivalent period.” Specialist trainee: Any doctor pursuing postgraduate, post-internship (where applicable) specialist training under the supervision of a clinical department head at a recognized teaching hospital.

***“Internship,” “turnus,” and “pre-registration” 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 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/CE/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. Quoted discounted rates are based on a one-year professional subscription price of \$579 and a two-year price of \$989.

UpToDate® Pathways and UpToDate® Lab Interpretation are included in all newly purchased individual UpToDate Online subscriptions and will be available when the new subscription term begins.

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
10+	<input type="checkbox"/> US \$169 (savings of \$410)	<input type="checkbox"/> US \$319 (savings of \$710)	<input type="checkbox"/> US \$49	<input type="checkbox"/> US \$89
1-9	To purchase a trainee one-year subscription for \$199 each (savings of \$380), visit store.uptodate.com and use promo code TRAINEE20 or to pay \$369 each for two years (savings of \$660 compared with a full-price professional UpToDate subscription) use promo code TRAINEE30. Each person must order individually			

†UpToDate MobileComplete is not available as a standalone product.

ORDER TYPE: <input type="radio"/> New <input type="radio"/> Renewal (Account# _____)	Enter UpToDate Online subscription amount (as selected above)	US \$ _____
	Add MobileComplete (must match subscription term)*	+US \$ _____
	Estimated Sales Tax, VAT or GST†	+US \$ _____
	Estimated order total	=US \$ _____

SELECT ANNUAL (OR LONGER) SUBSCRIPTION OPTIONS BELOW:

*Please go to www.uptodate.com/mobile for current information on supported devices. A subscription allows installation on two devices.

†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.

UpToDate is required to collect and remit Sales Tax, VAT, or GST in selected countries and US states.

For system requirements, go to www.uptodate.com/home/help-manual-sysreq. Proof of trainee status must accompany order.

TDCLW20231

ORDER ENTRY USE ONLY: Rate code GPTR

PAYMENT INFORMATION

Full payment with check or credit card is required at the time of order. If you are not satisfied with your first-time subscription of one year or longer, simply contact Customer Support within 30 days of your order to cancel and request a full refund in US dollars.

- 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 US bank. Please do not complete payment information below.

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 _____

SIGNATURE _____

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/CE/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.

SUBSCRIPTION ORDER SUMMARY

SUBSCRIBER NAMES (Required)	If purchasing as a group with one payment, please complete this section. 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.			
	One-year Subscription		Two-year Subscription	
	UpToDate® subscription	MobileComplete™ (optional)	UpToDate® subscription	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"/>
TOTAL				

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

Trainee Status Verification

(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 _____

TDCLW20231
ORDER ENTRY USE ONLY: Rate code GPTR

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 are 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.**CALCULATE GROUP PAYMENT**

Please enter totals from Form (B).

* Prices are subject to change without notice.

Group size (select one)	A UpToDate Online subscription cost* (per subscriber)		B UpToDate MobileComplete™ (per subscriber)		C Sales Tax, [†] VAT, GST	D Total cost per subscriber (A + B + C)	E Total number of subscribers	Grand total (D x E)
	One-year	Two-year	One-year	Two-year				
10+	<input type="checkbox"/> US \$169	<input type="checkbox"/> US \$319	<input type="checkbox"/> US \$49	<input type="checkbox"/> US \$89	US \$ _____	US \$ _____	_____	US \$ _____
1-9	<input type="checkbox"/> US \$199	<input type="checkbox"/> US \$369	<input type="checkbox"/> US \$49	<input type="checkbox"/> US \$89	US \$ _____	US \$ _____	_____	US \$ _____

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

* 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.

Proof of trainee status must accompany order.

TDCLW20231

ORDER ENTRY USE ONLY: Rate code GPTR

 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

CARD NUMBER _____

EXPIRATION DATE _____

SIGNATURE _____

Credit card billing address (if different from primary address)

NAME _____

ADDRESS _____

CITY _____ STATE _____

COUNTRY _____ POSTAL CODE _____

Send all forms to **UpToDate Inc., P.O. Box 412094, Boston, MA 02241-2094 USA** or submit by fax to +1.781.642.8840.