

Trainee Group Member Instructions

Valid through 31 May 2020

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™†		UpToDate® Advanced†	
	One-year	Two-year	One-year	Two-year	One-year	Two-year
5+	USD 149 (save 25%)	USD 277 (save 25%)	USD 37 (save 25%)	USD 67 (save 25%)	USD 37 (save 25%)	USD 67 (save 25%)
1-4	USD 169 (save 15%)	USD 314 (save 15%)	USD 42 (save 15%)	USD 76 (save 15%)	USD 42 (save 15%)	USD 76 (save 15%)

* Prices are subject to change without notice. Quoted discounted rates are based on a one-year trainee subscription price of US \$199 and a two-year price of US \$369.

† UpToDate MobileComplete and/or UpToDate Advanced can be added to Individual Online subscriptions for an additional fee.

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 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 (B)** and if submitting an order for more than one trainee 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 (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 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.

Number of individuals in group	UpToDate Online (Required) (per subscriber)		UpToDate MobileComplete™† (per subscriber)		UpToDate® Advanced† (per subscriber)	
	One-year	Two-year	One-year	Two-year	One-year	Two-year
5+ (25% off)	<input type="checkbox"/> USD 149	<input type="checkbox"/> USD 277	<input type="checkbox"/> USD 37	<input type="checkbox"/> USD 67	<input type="checkbox"/> USD 37	<input type="checkbox"/> USD 67
1-4 (15% off)	To subscribe, visit store.uptodate.com and use promo code TDCLA15 to save 15% on your entire purchase of an annual or longer subscription. Each person must order individually.					

† UpToDate MobileComplete and UpToDate Advanced are not available as standalone products.

SELECT SUBSCRIPTION OPTIONS

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

† Please go to www.uptodate.com/mobile for current information on supported devices.

‡ Please go to go.uptodate.com/advanced for additional information.

§ 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.

Proof of trainee status must accompany order.

TDCLW25 (Groups 5+) / TDCLW15 (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 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 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.					
		One-year Subscription			Two-year Subscription		
		UpToDate® Online	MobileComplete™ (optional)	UpToDate® Advanced (optional)	UpToDate® Online	MobileComplete™ (optional)	UpToDate® Advanced (optional)
1		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
19		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
21		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
23		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
25		<input type="checkbox"/>	<input type="checkbox"/>	<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 _____

TDCLW25 (Groups 5+) / TDCLW15 (Orders 1-4)



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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.

CALCULATE GROUP PAYMENT

Please enter totals from **Form (B)**.

* Prices are subject to change without notice.

Subscription Term	A			B			C			D	E	Total cost
	Qty.	Unit Price	A Total (qty x price)	Qty.	Unit Price	B Total (qty x price)	Qty.	Unit Price	C Total (qty x price)	Total of columns A, B, and C	Your Tax/VAT/GST rate times column D	
One year	_____	USD 149	USD _____	_____	USD 37	USD _____	_____	USD 37	USD _____	USD _____	USD _____	USD _____
Two years	_____	USD 277	USD _____	_____	USD 67	USD _____	_____	USD 67	USD _____	USD _____	USD _____	USD _____
Total	_____		USD _____	_____		USD _____	_____		USD _____	USD _____	USD _____	USD _____

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.

TDCLW25 (Groups 5+) / TDCLw15 (Orders 1-4)

Check enclosed (Payable to UpToDate in US dollars drawn on 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 _____

CITY _____ STATE _____

COUNTRY _____ POSTAL CODE _____

CARD NUMBER _____

EXPIRATION DATE _____

SIGNATURE _____

Send all forms through email to customerservice@uptodate.com or by fax +1.781.642.8840.