

## TRILOGY VENTILATOR SERVICE TRAINING CLASS APPLICATION (North American)

Please complete the below information and return via fax to 724-387-4445 or by email to [respironics.service.operations@philips.com](mailto:respironics.service.operations@philips.com). A confirmation of registration will be given by Philips Respironics via fax or email. Please do not assume automatic confirmation registration for any given class.

### Student Qualifications

- The student should have at least 6 months biomedical / equipment servicing experience, preferably with respiratory products.
- The student should have a basic familiarity of ventilation terms and definitions.

CLASS INFORMATION		
<b>Requested Training Session</b>	Start Date	End Date
<b>Location</b>	City, State, Province, Country	

STUDENT / FACILITY INFORMATION			
<b>Student Information</b>	Last Name	First Name	Middle Initial
	Title	Department	Years of Biomedical Experience
<b>Facility Information</b>	Company Name		Philips Respironics Account #
	Address		City
	State / Province	Zip / Postal Code	Country
	Phone(s), Extension	Fax	Email
	What models of the Trilogy Ventilator does your facility own?		

Please review the attached Training Certification Agreement sample. All students will be required to sign this document prior to certification / authorization to service the Trilogy Ventilator.

**Sleep & Home Respiratory Group**  
1010 Murry Ridge Lane  
Murrysville, PA 15668

**Trilogy Ventilator Service Training Certification Agreement  
(North American)**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Location: \_\_\_\_\_

Training Class Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

As part of my authorization to repair the Trilogy Ventilator, I agree to the following:

- a. I agree to follow all instructions as provided in the most current revision of the Trilogy Service Manual.
- b. I agree to abide by and follow all Field Communications as periodically issued by Philips Respironics.
- c. I agree to use only Trilogy authorized and recommended parts, sub-assemblies and accessories when servicing these units.
- d. I agree to be re-certified every two years through the use of on site visits, test, or other methods as proposed by Philips Respironics (United States and Canada only).
- e. I agree that if I do not abide by any of the above I will be subject to decertification and I will no longer be able to purchase service and repair parts from Philips Respironics. My certification through my current employer entitles them to purchase Trilogy service parts. Should I choose to seek employment elsewhere, I will notify Philips Respironics so their entitlement to purchase parts can be removed. My new employer will not be entitled to purchase spare parts until they review and sign a new certification form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_