Please complete this form using **BLACK INK** and **BLOCK LETTERS**

P >>> POCHI OPERATOR DATA FORM

Zaponex Treatment Access System®

This form should be used to apply for registration as a PocHi operator with the ZTAS® PocHi System. Please complete all sections. **INCOMPLETE FORMS WILL NOT BE PROCESSED.**

For completion by a Certified* PocHi Operator

* A Certified PocHi Operator is a ZTAS-registered user who has attended the PocHi Operator Training Course. This user has been certified for operation of the PocH-100i and for the ZTAS PocHi software.

Title ☐ Dr ☐ Mr ☐ Mrs ☐ Ms

Name _____ SURNAME _____

ZTAS User ID _____ Position _____

PocHi location _____

Postcode _____ Telephone number _____

Email _____

I acknowledge that I have trained the below-mentioned nominee in the operation of the PocH-100i and the ZTAS PocHi software according to the instructions outlined in the PocHi operator's Training Course and PocH-100i Operators' Manual.

Date d d - m m - y y y y Signature _____

For completion by the Nominee

The nominee **must** be a ZTAS-registered User and be fully trained by the above-mentioned certified PocHi operator.

Title ☐ Dr ☐ Mr ☐ Mrs ☐ Ms

Name _____ SURNAME _____

ZTAS User ID _____ Position _____

PocHi location _____

Postcode _____ Telephone number _____

Email _____

This document is my statement of intent to operate the ZTAS PocHi System. Signing of this form constitutes my commitment to adhere to the instructions outlined in the PocHi Operator's Training Course Manual and the PocH-100i Operator's Manual.

Date d d - m m - y y y y Signature _____

Please note: A 'Registered PocHi Operator' is not qualified to train other staff members in the use of the PocH-100i and the ZTAS PocHi Software. Upon receipt of this signed form, the ZTAS will issue you with a User ID card, and you will be enrolled in the continued competency training program. Your registration as a 'Registered PocHi Operator' is only effective once you have received your User ID card, and is contingent on your continued completion of the yearly online training.

Please fax this form to ZTAS on 0207 3655843

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