

## Level 3 Certification Form

The IOT Level 3 Certification allows the recipient named below to in-service medical professionals on the use of the following IOT products. This certification allows the recipient named below to certify Level 2 trainers.

- ARCH Leg Positioning System (Including Opposite Leg Holder and Perineal Operative Post)
- PURIST Leg Positioning System (Including Opposite Leg Holder and Perineal Operative Post)
- DAA Top 360
- MP XRAYCER

**Recipient Info:**

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

Company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

The recipient listed above must meet the following requirements:

- 1. I have reviewed all applicable IOT materials below, understand the content of each, and know where to find them in the future for reference.

ARCH	PURIST
<ul style="list-style-type: none"> <li>- In-Service Video</li> <li>- Technique Guide</li> <li>- User Manual</li> </ul>	<ul style="list-style-type: none"> <li>- In-Service Video</li> <li>- Technique Guide</li> <li>- User Manual</li> </ul>
DAA Top 360	MP XRAYCER
<ul style="list-style-type: none"> <li>- User Manual</li> </ul>	<ul style="list-style-type: none"> <li>- User Manual</li> </ul>

2. I scored a 100% on all relevant online tests.

ARCH Test Score: \_\_\_\_\_

PURIST Test Score: \_\_\_\_\_

DAA Top 360 Test Score: \_\_\_\_\_

MP XRAYCER Test Score: \_\_\_\_\_

IOT Representative Signature: \_\_\_\_\_

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

3. I know how to correctly assemble and pack the applicable products and accessories and will take care of all IOT equipment.

4. I will emphasize patient and operator safety while instructing medical professionals on the use of all IOT and interfacing equipment.

5. I have been in QTY 5 anterior hip arthroplasty cases using the ARCH and/or PURIST\*, with info on each case below. I have received training from the Level 3 Trainer below.

*\*For ARCH and PURIST certification – at least two ARCH cases and two PURIST cases are required. (ex: three PURIST cases and two ARCH cases)*

	Date	Facility	Surgeon	Device (ARCH or PURIST)	Participant Initials
Case 1					
Case 2					
Case 3					
Case 4					
Case 5					

**Notes regarding this Level 3 Recipient (previous experience with IOT equipment, etc.):**

Recipient Notes:

Level 3 Trainer Notes:

IOT Managing Director Notes:

Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Level 3 Trainer: \_\_\_\_\_

Level 3 Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IOT Managing Director: \_\_\_\_\_

IOT Managing Director Signature: \_\_\_\_\_ Date\*: \_\_\_\_\_

*\*Certification can be revoked by a Level 3 trainer or IOT at anytime*