

KIT Training Employee Forms Checklist

**This training & form MUST be completed daily. kit-therapy.com/training.com
The supervisor of the employee must initial & date each line to confirm training completed.**

Employee Name _____

Start date _____

_____ Our Story. Day 1 must be completed. End Date: _____

_____ Loyalty. Day 1 must be completed. End Date: _____

_____ Activation. Week 1 must be completed. End Date: _____

_____ Email Collection/Mailerlite Day 2 must be completed. End Date: _____

_____ Scheduling Day 2 must be completed. End Date: _____

_____ Waitlisting Day 3 must be completed. End Date: _____

_____ Friends /Family Referral Bonus. Day 4 must be completed. End Date: _____

_____ NS/CX Policy. Day 4 must be completed. End Date: _____

_____ Total Cost of Care Day 5 (week 2) must be completed. End Date: _____

_____ Insurance Companies Week 2 must be completed. End Date: _____

_____ Heno Details: By Week 4 must be completed. End Date: _____

_____ Best Local reviews.com Day 5 must be completed. End Date: _____

_____ Happy Patient Graduation (dc policy) Day 5 must be completed. End Date: _____

_____ No Late Policy Day 5 must be completed. End Date: _____

_____ Elective Services: Day 6 must be completed. End Date: _____

_____ Patient Postcards; Day 5 must be completed. End Date: _____

_____ End of Day Reports Week 4 must be completed. End Date: _____

_____ Activation specifically for open clinics. Week 3 End Date: _____

Quizzes (each to follow training timeline). Results% these are ALL to be completed online- not printed.

_____ Loyalty _____

_____ Activation. _____

_____ Insurance _____

_____ Policies _____

_____ Heno/Stats _____

Smile your awesome!

Supervisor name _____

Supervisor Signature. _____

