

Week	Date Begin	Date End	Topic	Content	Location	Trainer	Materials
Day 1			New Hire Orientation Paperwork	<ul style="list-style-type: none"> • Complete all New Hire Paperwork • OSHA, HIPPA & Harassment On-line Testing • Office Orientation & Facility Tour • Handbook Review • Job Description Review • Define Service Values, Service Steps & Aspen A Game and Set Expectations • Reporting Structure & Contact Numbers • Review Hours - office, huddle, lunch, end of day • Terminology and Anatomy • Travel itineraries 			Clinical Training Guide In Office Forms
1 and 2			Clinical Field Training	<ul style="list-style-type: none"> • Terminology and Anatomy • X-rays • Housekeeping/maintenance • Working in Operatories • Charting • Work with Hygienist • Pan Schedule / Work with Lab Techs • Review and Exam 			Clinical Training Guide
3			PSR Classroom Training – Check In	<ul style="list-style-type: none"> • Orientation, welcome and intranet • Customer Service • Department overviews • Insurances and confirmation • Patient check in / Confirmations • Scheduling • Commlog • Chart Set Up / Audits • Wizards and ADC • Meet with CEO, VP of Operations, HR, Purchasing and Call Center 	Syracuse Support Center Office	PSR Training Department	Clinical Training Guide
4			PSR Field Training	<ul style="list-style-type: none"> • Patient service • Chart set up and pulls • Check - In • Phone skills • Scheduling appointments • Chart audits • Insurance breakdowns and selection • Confirmations • Duplicate X-rays • Tote system • Commlog • Denture/Crown Bridge Log 			
5			OM1 Classroom Training – Charge out and Estimating	<ul style="list-style-type: none"> • Clinical review • Estimating • Charge out basics / Error Corrections 	Syracuse Support Center Office	PSR Training Department	

5				<ul style="list-style-type: none"> • Scheduling basics • Treatment planning in ADC • Daily chart audits • A/R review • Metrics • Hygiene programs • Caliper Profiles / Hiring Skills Workshop 			
6			OM1 Field Training – Charge out and Estimating	<ul style="list-style-type: none"> • PSR check-in continue • Treatment planning & ADC • Charge out • Estimating • Presenting Treatment • Scheduling • End of night • Office orders • Chart Audits • Work Facility A/R Report • Practice Metrics 			
7			OM1 Field Training – Charge out and Estimating	<ul style="list-style-type: none"> • Continue with OM1 Field Training content listed above 			
8			OM2 Classroom Training – Consultations	<ul style="list-style-type: none"> • Denture review • Pan schedule • Practice Metrics • HR Issues • Practice Support • Pro-Dentec • IT • UCF • Financing • Consultations • Coupons • Scheduling productively • FA Form 	Syracuse Support Center Office	PSC Staff and Training Department Staff	
9			OM2 Field Training – Consultation	<ul style="list-style-type: none"> • PSR check-In • Clinical Maintenance • End Of night • Refunds and ordering • Reports and Reporting • Timecards • Pan Schedule • Commlog • Scheduling • Practice Metrics • A/R and UCF • Daily chart audit • Petty cash and coupons • FA Form and Financing • Estimating and Consultations 			

10			OM2 Field Training – Consultations	<ul style="list-style-type: none"> • PSR check-in • Clinical maintenance • End of night • Refunds and ordering • Reports and Reporting • Timecards • Pan Schedule • Commlog • Scheduling • Practice Metrics • A/R and UCF • Daily chart audit • Petty cash and coupons • FA Form and Financing • Estimating and Consultations 			
11			OM2 Field Training – Consultations	Continue with OM2 Field Training content listed above			
Day 90			Follow Up Training	<ul style="list-style-type: none"> • RM will return to evaluate new hire and review findings • Create action plan for any areas of concern 	Home Office	RM	

Each of the above content items has been explained and reviewed with me so that I can perform my job responsibilities _____
Trainee Date

I can confirm the above content items have been explained, reviewed and demonstrated so the trainee can perform his or her job responsibilities

Trainer Date

Issues or concerns that may require follow up are:

* Required Signatures

Regional Manager _____

Date _____

Director of Operations _____

Date _____