

Supplier Certificate of Practical Training Competence

I/We (Supplier Name): _____

the equipment and consumables supplier, hereby certify that

(Buyer Name) _____

has successfully completed our 'hands-on' Mentored Practical training program and is qualified to perform Cosmetic Teeth Whitening treatments using the following products/equipment supplied by us, AND we hereby Indemnify the New Zealand Cosmetic Teeth Whitening Association and save harmless the Association from and against all claims, liabilities, losses, expenses, responsibility and damages by reason of any claim, proceedings, action, liability or injury arising out of the Buyers improper use of our Training and/or use of consumables provided by us.

Accelerator light Type: _____

Whitening Gel:

Strength: ____ %HP ____ %CP. Other: _____

Paint-on delivery method

Date of Training: ___ / ___ / ____

Tray delivery method

Date of Training: ___ / ___ / ____

Signed: _____ Date: ___ / ___ / ____

Designation: _____

Supplier Company Name: _____

Address: _____

Contact Phone Number: _____