

The RAMP Knee Positioning System – Training Certification Form

This form indicates that the individual named below has been trained on the use of the IOT RAMP Knee Positioning System and is allowed to oversee the use of the RAMP in surgery.



**No need for sterilization - placed under the drape*

**Attaches to the OR table leg section with Velcro straps*



Recipient Requirements:

1. I have been trained on and understand how to correctly use the RAMP in an operating room setting.

Recipient Name: _____

Title: _____

Company: _____

City: _____ State: _____

Signature: _____

Date: _____

The IOT representative below has in-serviced the above recipient and represents that the recipient has been trained in the correct operation the RAMP in an operating room setting.

IOT Representative Name: _____

IOT Representative Title: _____

Signature: _____

Date: _____