



Henry Schein MicroMD® Certified Value Added Reseller (VAR) Program

We are currently seeking to partner with technology resellers that work with healthcare organizations. The Henry Schein MicroMD brand of practice solutions encompasses simple yet powerful Electronic Medical Records (EMR) and Practice Management (PM) software that help facilitate the delivery of superior patient care, automate incentive and quality reporting activities and streamline operations for today's busy providers. Full-featured, time-tested and budget-friendly, the MicroMD ONC-ATCB certified, award-winning software helps small practices, large medical groups, community health centers and billing services accelerate progress towards a paperless environment and health information exchange with minimal disruption and stress. High client retention rates attest to its market-leading presence and client-centric focus.

Qualifications for VAR Program

We seek to certify VARs that are experienced medical software resellers with dedicated sales, support and implementation teams.

Sales Referral Agent Program

If you are interested in promoting Henry Schein MicroMD products and services, but don't meet our certification requirements, you may meet the qualifications to become a MicroMD Sales Referral Agent. The Sales Referral Agent program rewards participants for referring prospects interested in purchasing Henry Schein MicroMD products and services.

Apply to become a Certified VAR or Sales Referral Agent. Complete the application on the back of this sheet and return it to:

Doug Holt, VAR Channel Manager
Fax: 330-758-0182
E-mail: doug.holt@henryschein.com

SUBMIT COMPLETED APPLICATION TO:

Doug Holt, VAR Channel Manager

Fax: 330-758-0182

or

E-mail: doug.holt@henryschein.com

Henry Schein MicroMD
760 Boardman-Canfield Road
Boardman, OH 44512
micromd.com
800-624-8832



Henry Schein MicroMD® Certified Value Added Reseller (VAR) or Sales Referral Agent Application

Thank you for your interest in the Henry Schein MicroMD® Certified Value Added Reseller (VAR) or Sales Referral Agent program. In order to better understand the scope of the opportunity between both of our organizations, please complete the information below and submit to Doug Holt, VAR Channel Manager at: doug.holt@henryschein.com or fax to: 330-758-0182. All of the information you provide will remain confidential. A member of our business development team will follow up with you as soon as possible.

Date: _____

Contact name: _____

Contact phone: _____

Contact e-mail: _____

Company name: _____

Company address: _____

Company type (LLC, S-Corp, C-Corp, Sole Proprietorship): _____

Principal(s): _____

Web site: _____

Number of employees: _____

Doing business with this name and address for how long? _____

Current product lines sold: _____

Total number of current customers: _____

Total number of current healthcare customers: _____

Areas of expertise: _____

Tell us about your company: _____

Return your completed application to:

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