



# Assessment Ready Checklist

Rep Name \_\_\_\_\_ Upline \_\_\_\_\_  
 Code \_\_\_\_\_ - \_\_\_\_\_ Code \_\_\_\_\_  
 Trainer \_\_\_\_\_ Code \_\_\_\_\_

## Step 1 Field Training – Observe 2 or 4 Scoops

Scoop Trainer \_\_\_\_\_ Date \_\_\_\_\_ Scoop Trainer \_\_\_\_\_ Date \_\_\_\_\_  
 Scoop Trainer \_\_\_\_\_ Date \_\_\_\_\_ Scoop Trainer \_\_\_\_\_ Date \_\_\_\_\_

## Step 2 Field Training – Observe 2 or 4 Carrybacks (Observed at least 1 Vitality sale)

Carryback Trainer \_\_\_\_\_ Date \_\_\_\_\_ Carryback Trainer \_\_\_\_\_ Date \_\_\_\_\_  
 Carryback Trainer \_\_\_\_\_ Date \_\_\_\_\_ Carryback Trainer \_\_\_\_\_ Date \_\_\_\_\_  
 Date seen a Vitality Sale \_\_\_\_\_ Date input into Protection \_\_\_\_\_

## Step 3 Company Certification Exam completed Date \_\_\_\_\_

## Step 4 Created quotes and transferred from Vitality to Protection Options Date \_\_\_\_\_

I hereby deem \_\_\_\_\_ prepared for full assessment  
 Trainer \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

Approved by EVP Name \_\_\_\_\_ Signed \_\_\_\_\_  
 Date \_\_\_\_\_