



Username / Password
Email ID as Username
Password (min 6 characters)
Confirm Password
Applicant Information
Company Name
Company Website
Phone
Address
City
State
Country
Zip/Postal Code
Tax ID
Number of Additional Sites
Primary Medical Specialty
Partner Program Manager
First Name
Last Name
Phone
Email Address
CEO / Owner
First Name
Last Name
Phone
Email Address
VP of Sales
First Name
Last Name
Phone
Email Address
Primary Technical Contact
First Name
Last Name



Phone
Email Address
Pre-Sales Technical Certification Candidate Authorization to resell Dragon Medical requires a minimum of 1 Dragon Medical Technical Certification. Please name your candidate here.
First Name
Last Name
Phone
Email Address
Sales Certification Candidate Authorization to resell Dragon Medical requires a minimum of 1 Dragon Medical Sales Certificate. Please name your candidate here.
First Name
Last Name
Phone
Email Address
Company Profile
Annual Revenue to Date (Enter in USD)
Annual Revenue Prior Year
Annual Revenue Two Years Prior
Total number of employees in your organization
Total number of dedicated Outside Sales employees
Total number of dedicated Inside Sales employees
Total number of dedicated Professional Services employees
Total number of dedicated Marketing Professionals
Revenue Mix (total should add up to 100%)
Software
Hardware
Training
Services
Other
Primary Training Delivery Method (total should add up to 100%)
Web based



One to One
Small Environment 2 – 9
Medium Environment 10 – 19
Large Environment 20+
Total Number of Clients:
Your expertise general
What are your company objectives in becoming a Connections Partner?
Your business model?
Do you sell into any Government or Federal Markets? <input type="radio"/> Yes <input checked="" type="radio"/> No
Please specify: <input type="text"/>
Do you hold contracts to sell into that market? <input type="radio"/> Yes <input checked="" type="radio"/> No
What type of organization does your business focus on"? (check all that apply)
Industry Certifications
List certifications held by employees of your organization: <small>(At least one certification detail is mandatory, Click Expand to fill in the details)</small>
Citrix Certified Administrator Certified Individual Name Email Address Certification Number Certification Expiration (MM-DD-YYYY)
Citrix Certified Advanced Administrator Certified Individual Name Email Address Certification Number Certification Expiration (MM-DD-YYYY)
Citrix Certified Enterprise Engineer Certified Individual Name Email Address Certification Number Certification Expiration (MM-DD-YYYY)
Citrix Certified Integration Architect



<p>Certified Individual Name Email Address Certification Number Certification Expiration (MM-DD-YYYY)</p>
<p>Cisco Certified Network Associate Certified Individual Name Email Address Certification Number Certification Expiration (MM-DD-YYYY)</p>
<p>Cisco Certified Entry Networking Technician Certified Individual Name Email Address Certification Number Certification Expiration (MM-DD-YYYY)</p>
<p>Cisco Certified Network Associate Security Certified Individual Name Email Address Certification Number Certification Expiration (MM-DD-YYYY)</p>
<p>Cisco Certified Network Associate Voice Certified Individual Name Email Address Certification Number Certification Expiration (MM-DD-YYYY)</p>
<p>Cisco Certified Network Associate Wireless Certified Individual Name Email Address Certification Number Certification Expiration (MM-DD-YYYY)</p>



Microsoft Certified Systems Engineer Certified Individual Name Email Address Certification Number Certification Expiration (MM-DD-YYYY)
<input type="checkbox"/> Other Certificate Name Certified Individual Name Email Address Certification Number Certification Expiration (MM-DD-YYYY)
<input type="checkbox"/> My partner organization currently holds no industry standard networking certifications.
Services & Products
Do you offer e-commerce services? <input type="radio"/> Yes <input checked="" type="radio"/> No
What type healthcare products and solutions do you sell? <input type="checkbox"/> Healthcare Applications (i.e. Electronic Medical Records): <input type="checkbox"/> Other Software: <input type="checkbox"/> Other Hardware:
Sales Information
% of sales to Marketing spend? (Percentages should total 100%)
Direct Sales Inside Sales/Telemarketing Referral Marketing Vehicles (Email, Direct Mail, Tradeshow etc) Other
Please name your distributor of choice: <input type="text"/>
Business Planning
What is your strategy to ramp Dragon Medical?



What type of demand generation activities do you implement on a quarterly basis? Activity 1: Activity 2: Activity 3:
How do you measure return-on-investment for marketing activities?
What is your sales strategy to ramp Dragon Medical?
Please describe your core dedicated Dragon Medical Team.
What are your expectations of the Healthcare Connections Program?
Does your sales team provide an executive summary, needs analysis and return on investment with every proposal?
How do you generate sales opportunities?
How do you manage sales opportunities?
How do you plan to communicate your opportunities with Nuance and your Distributor? How do you price services and training delivery?
Revenue Commitments Year 1 Annual Goal Year 1 Quarterly Run Rate Year 2 Annual Goal Year 2 Quarterly Run Rate Year 3 Annual Goal Year 3 Quarterly Run Rate
Vendor References
First Reference
Company Name:
Company Contact:
Company Address:
Telephone:
Email Address:
End-user References



First Reference
Company Name:
Company Contact:
Company Address:
Telephone:
Email Address:
Channel Partner Programs
Program Name:
Program Website:
Program Contact:
Contact Phone:
Contact Email:
Product Services Sold:
Years in Program:
Average Annual Revenue Generated:
Who should we follow up with to discuss the Dragon Medical Application and Program?
Program Name:
Title:
Phone:
Email:

If you have any questions please email HealthcareChannel@Nuance.com .
Thank you for your application for the Healthcare Connections.