



2017 ONLINE COURSE REGISTRATION FORM

Please note that it can take up to 24 hours after the registration has been processed for the online course to appear in your training menu

APIC ID#: _____

*First Name: _____

*Last Name: _____

Credentials/Designation: _____ Title: _____
(License, Highest Degree, Certification)

Employer/Facility Name: _____

*Address: _____

*City: _____ *State: _____ *ZIP/Postal code: _____

*Business Phone: (____) _____ *Email Address: _____

***Required**

Course <i>(mark X for appropriate course price)</i>	Member	Non-member
Tech Tools: Basics of Social Media for IPs	\$60	\$85
Tech Tools: Basics of Microsoft PowerPoint	\$60	\$85
Tech Tools: Basics of Microsoft Excel	\$60	\$85
Tech Tools Bundle	\$150	\$225
Certification Review Course	\$350	\$425
Basic Statistics for IPs – Full Course	\$150	\$175
Basics Statistics for IPs – Module 1 2 3 4 <i>(check the module(s) you would like to purchase)</i>	\$50/ module	\$75/ module
Basics of Infection Prevention	\$180	\$255
Disinfection and Sterilization	\$100	\$175
Microbiology 101	\$100	\$175
Infection Prevention Knowledge Review and Assessment	\$175	\$250
Hemodialysis	\$80	\$105
Continuing the Care LTC Course	\$99	\$149
	TOTAL: \$	

PAYMENT OPTIONS: (This form must be accompanied with a payment in order to process a registration)

Please charge my:

AMEX
 MASTERCARD
 VISA

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

Credit card payments only:
 Fax to: (202) 454-2590

Check Payments:
Mail to:
 APIC
 PO Box 79502
 Baltimore, MD 21279-0502
 Attn: Course Registrar