



SPECIALTY HEALTH EDUCATION, INC.

P.O. Box 992 • Blue Bell, Pennsylvania 19422

Dear Nurse Educator/Department Manager:

We would like to thank you for your interest in our *Online Sedation Clinical Competency Program*. In order to secure your *Online Sedation Clinical Competency Program* group program codes please complete the following documents included with this download:

- *Specialty Health Education, Inc. Online Sedation Clinical Competency Program Group Code and Pricing Order Form*
- *Specialty Health Education, Inc. Credit Card Authorization Form*

Fax the completed forms to our office at 610-630-6676. *Specialty Health Education, Inc.'s Online Sedation Clinical Competency Program* group program codes are valid for a period of one (1) year from their date of issue. Once activated by the individual nurse/participant, the learner will have a period of one (1) year to complete the *Online Sedation Clinical Competency Program*.

If you have any questions related to ordering your group program codes, please contact our office at 610-630-3990.

Sincerely,

Michael Kost, DNP, CRNA

President

Specialty Health Education, Inc.



GROUP CODE ORDER FORM

ONLINE SEDATION CLINICAL COMPETENCY PROGRAM

Contact Person: _____

Hospital Affiliation: _____

Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____

Total Program Codes requested: _____

Pricing:

1-4 codes: **\$49.95 per code**

5-9 codes: **\$40.00 per code**

10-50 codes: **\$399.00 special bundle pricing** – *That's as low as \$7.97 per code!*

Need more than 50 codes? *Add additional codes over the 50-code bundle for only \$10 per code!* These MUST be ordered with the 50-code bundle to be eligible for the EXTREME discount. Additional codes added at a later time will not qualify for the \$10 per code price. Multiple bundles can be purchased for larger numbers of codes.

How would you like your program codes forwarded to you?

E-mail E-mail address: _____
(codes will also be sent via U.S. Mail)

U.S. Mail Only Codes will be sent to the address listed above

Method of payment:

Credit Card Payment:

Forward the completed Credit Card Authorization Form (*page 3 of this PDF*) and this Order Form via fax to **(610) 630-6676**

-or-

Forward via U.S. Postal Service to:

Specialty Health Education, Inc.

P. O. Box 992

Blue Bell, PA 19422

Check Payment:

Note: If paying by check, your codes will be issued after the check has cleared (approximately 10 business days).

Please forward this completed Order Form with your check payment to:

Specialty Health Education, Inc.

P. O. Box 992

Blue Bell, PA 19422

How did you learn about Specialty Health Education, Inc.'s online Sedation Clinical Competency Program?



CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize *Specialty Health Education Inc.* to charge my credit card account in the amount of: \$_____ for goods and/or services.

Visa  MasterCard 

Credit Card Number: _____

Expiration Date: ____ / ____ Security Code: _____ (from back of card)

Hospital Name (if using hospital card): _____

Credit Card Billing Address:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____

Requested Shipping Address (If different from Billing Address):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____

X _____

Cardholder's Signature

Date

Your completion of this authorization form helps us to protect you, from credit card fraud. *Specialty Health Education, Inc.* will keep all information entered on this form strictly confidential.

**Fax completed form to *Specialty Health Education, Inc.* at (610) 630-6676.
Your Order or Registration will be processed upon receipt of this completed form.**