



# 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:

2 - 9 codes \$49.95 per code	100 - 249 codes \$25.00 per code
10 - 49 codes \$40.00 per code	250 - 499 codes \$20.00 per code
50 - 99 codes \$35.00 per code	> 500 codes \$15.00 per code

### 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?

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# 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): \_\_\_\_\_

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### Credit Card Billing Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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### Requested Shipping Address (If different from Billing Address):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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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.**