

CEUs & CERTIFICATE ORDER FORM

Indiana Health Care Association
One North Capitol Ave., Suite 100
Indianapolis, IN 46204
Telephone— 800 466.4422
Fax-877.298.3749

Please use this form to re-order a certificate or a CEU form that you need replaced.

Item Description	Member Discount	Nonmember Rate	Quantity	Total
CEU's (Fall Convention, Spring Conference or Education Course) Date of course-	N/A	\$15 per each form		
Health Facility Administrators Course Date of course-	\$15	\$25		
Preceptor Course * Date of course-	\$15	\$25		
Social Service Designee Basic Course Date of course-	\$15	\$25		
Activity Directors Basics Course Date of course-	\$15	\$25		
Nurse Aide Program Director's Training Date of course-	\$15	\$25		
Medical Records Date of course-	\$15	\$25		
Order Total =				

***Preceptors must take the Preceptor Course again if it has been 5 years or more.**

Please note that we can only supply copies of CEU forms if you turned a copy into IHCA and it is on file with IHCA.

Print name as it should appear on certificate: _____

Name: _____

Facility: _____

Address: _____

City/State/Zip: _____

Telephone (with area code): _____

Mastercard/Visa Number: _____ Exp.Date: _____

If you are using a Mastercard/Visa, please submit this form with that number. If you are writing a check, please include this form with your payment. If you have any questions, please contact the education department at 800 466.4422 or bfenderson@ihca.org.

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