

# SGNA Associates Program Order Form

## IAHCSMM & CBSPD RECERTIFICATION

### Overview of Program:

The program will consist of 4 online education modules. Modules contain slides; audio component; diagrams; supporting documents and a post-test that must be completed. Upon completion of all 4 modules you will earn **3.5 points towards your IAHCSMM or CBSPD recertification.**

**\*\*Check selected individual modules you choose to purchase or select Module Package for all 4 modules.**

<input type="checkbox"/>	<b>Module 1</b>	Anatomy & Physiology/1.0 points	\$30.00 each
<input type="checkbox"/>	<b>Module 2</b>	Safety/0.75 points	\$30.00 each
<input type="checkbox"/>	<b>Module 3</b>	Infection Control/Reprocessing/0.75 points	\$30.00 each
<input type="checkbox"/>	<b>Module 4</b>	Equipment/1.0 points	\$30.00 each
<input type="checkbox"/>	<b>Module Package</b>	All four modules/3.5 points	\$80.00 for package

**IMPORTANT:** Upon completing the post tests of the 4 modules, a certificate will be available for download and print by the individual. You will need to print and make a copy of this certificate to provide to IAHCSMM or CBSPD. Don't forget to keep a copy for your records. SGNA does not need a copy of your certificate.

**\*Modules being taken towards (select one):**  **IAHCSMM Points**  **CBSPD Points**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Associate Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

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

Email Address (required): \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

### Payment Information

I have enclosed check/money order made payable to SGNA.

Please charge my credit card:

Visa  MasterCard  American Express

\_\_\_\_\_ Credit Card #

\_\_\_\_\_ Expiration Date

\_\_\_\_\_ Full Name as it appears on Credit Card / Signature

**High Speed Internet Connection Required**

**Mail Check to: SGNA, Associates Program, 401 N. Michigan Ave., Chicago, IL 60611**

**FAX completed forms with credit card information to SGNA: 312/673-6694**