

# Periop Mastery Program

## Facility Order Form

Please mail or fax the completed/signed order form and your payment (check or credit card) to: AORN Periop Mastery Program, Attn: Customer Service, 2170 S. Parker Road, Suite 400, Denver, CO 80231, Tel: 800-755-2676, Fax: 800-847-0045. Upon receipt of these items, course access will be given to the Administrator.

### Course Administrator/Designated Contact

Name: \_\_\_\_\_ Credentials (RN, BSN, CNOR, etc.): \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

City/State or Province/Zip or Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

*I have read and understand the Terms and Conditions on the reverse side of this order form.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Available Modules (contact hours):** Prevention of Transmissible Infections (2.2) • Deep Vein Thrombosis (2.3) • Prevention of Retained Surgical Items (1.8) • Malignant Hyperthermia (2.5) • Moderate Sedation/Analgesia (1.8) • Reducing Radiological Exposure (0.8) • High-Level Disinfection (1.5) • Positioning the Patient in the Perioperative Practice Setting (1.5) • Preoperative Patient Skin Antisepsis (1.2) • Preventing Unplanned Perioperative Hypothermia (1.9) • Safe Environment of Care (1.5) • Sterilization in the Perioperative Practice Setting (3.0) • Hand Hygiene in the Perioperative Setting (1.0) • Perioperative Care of the Older Adult (1.9) • Surgical Attire (2.0)

### 12-Month Subscription

Students	Price	
1-10	\$370/student	Number of students: \$ _____
11-20	\$350/student	Sub-total: _____
21-50	\$335/student	Total amount due: \$ _____

### 6-Month Single Module

Students	Price	
1-10	\$45/student	Number of students: \$ _____
11-20	\$42/student	Sub-total: _____
21-50	\$40/student	Total amount due: \$ _____

Module: \_\_\_\_\_

Module: \_\_\_\_\_

### Payment

Check #: \_\_\_\_\_

Credit Card:  Visa  MasterCard  American Express  Discover

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TERMS AND CONDITIONS

### Definitions

- Administrator – The individual listed on the order form that manages students taking AORN's Periop Mastery Program modules. The Administrator is responsible for sending registration forms to Students for completion and/or sending the completed Student registration forms to AORN. The Administrator will have access to student progress reports. AORN requires a minimum of one Administrator per facility.
- Secondary Contact - A secondary contact is needed in the event AORN needs to contact the listed facility and the Administrator is not available.
- Student – Individual user of AORN's Periop Mastery Program module(s) for the facility.
- AORN's Periop Mastery Program – The course learning modules, and all other materials made available to Students and Administrator(s) by AORN.
- Order Form – The order form that includes the terms and conditions and signed by the authorized facility representative.

### Fees and Payment

All fees are nonrefundable. Purchase orders are not considered payment; they must be accompanied by check or credit card.

### Contact Hours\*

Students who are registered nurses are eligible for nursing contact hours upon successful completion of each Periop Mastery Program module.

### Access Controls

Students cannot participate in AORN's Periop Mastery Program without an Administrator. Administrators and Students are solely responsible for ensuring that their user names, passwords, and access numbers are not shared with other individuals and that appropriate measures are implemented to keep them confidential.

### Restrictions

Under no circumstances shall Administrators or Students use or permit the use of any downloaded or printed AORN's Periop Mastery Program materials to develop other training materials or competing products or services.

AORN's Periop Mastery Program content must not be reverse engineered, disassembled, or removed, and all copyrights and privacy notices contained in AORN's Periop Mastery Program shall remain intact. Administrators and Students will comply with all instructions regarding AORN's Periop Mastery Program content.

Student and Administrator registrations/seats are not transferable once the person has registered online for the course.

No course extensions will be granted until the required payment is received.

### Expiration Term for Students and Administrators

The subscription will expire twelve (12) months following the purchase and six (6) months for single module purchases.

### Intellectual Property

AORN and/or Knowledge Factor (AORN's partner in the delivery of Periop Mastery Program) own all rights, title and interests of AORN's Periop Mastery Program including all patent rights, copyrights, trademark rights, and all other intellectual property rights. By accessing AORN's Periop Mastery Program, you agree that you will access the contents solely for your own or your organization's use of AORN's Periop Mastery Program offering. The content may not be saved or modified for use outside of this sole purpose. Authorized individuals from your organization will be asked to acknowledge AORN's and Knowledge Factor's intellectual property rights upon registering for AORN's Periop Mastery Program.

### General

Amendment(s) to these terms will be accepted only in writing and must be agreed upon by AORN before implementation.

The **Terms and Conditions** listed above represent the entire understanding between AORN and the Administrators, Students, and Designated Contact with respect to AORN's Periop Mastery Program. AORN may review and consider the use of external customer documents relating to the purchasing process of AORN's Periop Mastery Program.

\*AORN is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

AORN is provider-approved by the California Board of Registered Nursing, Provider Number CEP 13019.

