

# AORN ADVANCED Ambulatory Surgery Administrator Certificate Online Program

## Registration

**Mail** completed registration form, including payment, to:  
AORN, CS REG, 2170 S. Parker Road, Suite 300, Denver,  
CO 80231-5711.

**Fax** completed registration form, including credit card  
information, to AORN at (303) 750-3212.

**Call** AORN Customer Service Center at (800) 755-2676,  
ext. 1 or (303) 755-6304, ext. 1.

**Register online** [www.aorn.org/events/advambonline/](http://www.aorn.org/events/advambonline/)

## Fees

### Full Payment

- \$1500 Standard Price\*
- \$1250 AORN Member Discounted Price

\*Ask how you can become a member.

### Three Payment Plan (\$10 fee per payment)

#### First Payment

- \$510 Standard Price\*
- \$427 AORN Member Discount Price

\*see schedule below for following payments

THREE PAYMENT PLAN INSTALLMENTS	PAYMENT AMOUNT	CHARGED TO CREDIT CARD
Initial Payment	\$427 (AORN Member) \$510 (Standard)	At Registration
Second Payment	\$427 (AORN Member) \$510 (Standard)	At Six Weeks
Third Payment	\$427 (AORN Member) \$510 (Standard)	At Twelve Weeks

## IMPORTANT!

AORN must have your correct e-mail address.

### Communication about this course will be via e-mail.

If you have not received instructions for the course within  
one week after registration, contact AORN Customer  
Service at (800) 755-2676, Ext. 1

## Required

You must complete eight of the following modules to receive  
a certificate of completion.

- Budget Development & Business Planning
- Business Office Management
- Competencies
- Insurance Contracts
- Managed Care Contracting
- Charge Master/Charging Structure
- HIPAA
- Governing Body/By-Laws
- Inventory Management
- Stark/Safe Harbor

## Personal Information

\_\_\_\_\_  
Six-Digit Member Identification Number

\_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_  
Mailing Address Apt. #

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

\_\_\_\_\_  
Province Country

\_\_\_\_\_  
Home Phone (include area code)

\_\_\_\_\_  
**E-mail Address** (to use for the course)

\_\_\_\_\_  
RN License # State

\_\_\_\_\_  
Workplace

\_\_\_\_\_  
Work Address

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

\_\_\_\_\_  
Province Country

\_\_\_\_\_  
Work Phone (Including Area Code) Extension

## Payment Information

\_\_\_\_\_  
Check Number

○ VISA ○ Master Card ○ Amex ○ Discover

\_\_\_\_\_  
Card Number Exp. Date

\_\_\_\_\_  
Signature

*By registering for this program, you agree not to allow  
any other person(s) access to this online program, and  
you agree to the cancellation policy below.*

## Cancellation Policy

*Cancellations must be received in writing.*

You may cancel before starting the first online module for  
a \$50 fee or transfer the registration fee to another AORN  
product at no charge.

After starting the first module, there is a cancellation fee  
equal to 100% of the course registration price.