

Online Education Modules & Courses

Facility Order Form



FACILITY INFORMATION

Facility Name: _____
Business Address 1: _____
Business Address 2: _____
City: _____ State/Province: _____
Postal Code: _____ Country: _____
Phone: _____ Health Care System: _____

ADMINISTRATOR/CONTACT INFORMATION

First Name: _____ Last Name: _____
Credentials: _____ Title: _____
Business Address 1: _____
Business Address 2: _____
City: _____ State/Province: _____
Postal Code: _____ Country: _____
Phone: _____ Email: _____
AORN ID: _____

ORDER DETAILS

ASEPTIC PRACTICE MODULES	PRICE	QTY.	Total \$
Preoperative Skin Antisepsis	\$110		
Scrubbing, Gowning, and Gloving	\$110		
Sterile Technique	\$110		
The Perioperative Environment	\$110		
Surgical Draping	\$110		

EQUIPMENT AND PRODUCT SAFETY MODULES	PRICE	QTY.	Total \$
Endoscopic and MIS	\$110		
Perioperative Safety: Equipment Focus	\$110		
Perioperative Safety: Introduction	\$110		
Safe Use of Surgical Energy	\$110		

PATIENT CARE MODULES	PRICE	QTY.	Total \$
Anesthesia	\$110		
Medications and Solutions	\$110		
Perianesthesia Nursing	\$110		
Perioperative Assessment	\$110		
Positioning the Surgical Patient	\$110		

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ORDER DETAILS (Cont'd)

PATIENT AND WORKER SAFETY MODULES	PRICE	QTY.	Total \$
Environmental Sanitation and Terminal Cleaning	\$110		
Hemostasis, Sponges, and Drains	\$110		
Patient and Family Education	\$110		
Perioperative Safety: Patient Focus	\$110		
Specimens	\$110		
Transmissible Infection Prevention	\$110		
Wound Closure	\$110		
Wound Healing	\$110		

STERILIZATION MODULES	PRICE	QTY.	Total \$
Sterilization and Disinfection	\$110		
Surgical Instruments	\$110		

GENERAL MODULES	PRICE	QTY.	Total \$
Perioperative Health Care Information Management	\$110		
Professionalism	\$110		
Introduction to the PNDS	Free		
Certificate in the Fundamentals of Evidence-Based Practice	\$40		
Prep for CNOR Online	\$195		
Medication Safety Assessment	\$60		
Guideline Assessment	\$60		

SPECIALTY MODULES & COURSES	MEMBER PRICE	QTY.	Total \$
Safe Administration of Moderate Sedation	\$210		
Care of the Pediatric Patient in Surgery	\$115		
Preceptor Certificate Program	\$179		
Laser Safety	\$115		

AMBULATORY SURGERY CENTER MODULES & COURSES	MEMBER PRICE	QTY.	Total \$
ASC Infection Prevention	\$205		
Preoperative Care in the ASC	\$110		
Postoperative Care in the ASC	\$110		

FINANCIAL MODULES	MEMBER PRICE	QTY.	Total \$
Nursing Leadership Resources: Budgeting	\$60		
Nursing Leadership Resources: Statistics	\$60		
Nursing Leadership Resources: Financial Statements	\$60		

BULK PURCHASE DISCOUNT* Apply the following discount:
 11-29 modules and/or courses - 5%
 30+ modules and/or courses - 10%

Less discount (if applicable) \$ (_____)

TOTAL AMOUNT DUE: \$ _____

*Excludes Prep for CNOR

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METHODS OF PAYMENT

Option 1

Pay by Phone - Email your completed form to orders@aorn.org and call Customer Service at 1-800-755-2676 to pay by credit card. **DO NOT** complete page 5.

Option 2

Pay by Fax - Complete the credit card payment form on page 5 and fax the complete form to 1-844-241-4050.

Option 3

Pay by Mail - Send check or complete the credit card payment form on page 5 and mail complete form to 2170 South Parker Road, Suite 400, Attn: Orders.

ORDER PROCESS

1. Complete order form and submit with payment to AORN (a purchase order is not considered payment).
2. Order will be processed and agreement activated after AORN receives both completed order form and payment.
3. Administrator(s)/contact will receive the registration email.

By signing or typing my name below, I agree to the [AORN Terms and Conditions](#) for this purchase and any future purchases. If the product purchased is for use by my facility, I am authorized by my facility to bind my facility to the terms of this agreement.

Type or sign here: _____

Date: _____

MAIL OR FAX ORDER FORM:

Attn: Orders
2170 S Parker Rd, Suite 300
Denver, CO 80231-5711
Secure Fax: 1-844-241-4050

QUESTIONS?

Contact Experience Services
US Phone: 1-800-755-2676
International Phone: 1-303-755-6300

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PLEASE DO NOT EMAIL THIS SECTION BELOW CONTAINING CREDIT CARD DATA. Email sent with credit card numbers are not secure and will be automatically blocked. Only complete this section if you are sending via secure fax (Option 2) or by mail (Option 3).

Credit Card Type:

Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____ CVV: _____

Credit Card Holder Name: _____

Signature: _____

Purchasing Agent Name (if different from credit card holder): _____ Phone: _____

Purchasing Agent email address: _____

Total Amount Paid \$: _____

MAIL OR FAX ORDER FORM:

Attn: Orders
2170 S Parker Rd, Suite 300
Denver, CO 80231-5711
Secure Fax: 1-844-241-4050

QUESTIONS?

Contact Experience Services
US Phone: 1-800-755-2676
International Phone: 1-303-755-6300

FOR OFFICE USE ONLY

Version: 00898 1217

Facility Name:

Account #: