

**AAACN GROUP ACCESS PROGRAM PURCHASE**

Within 14 business days after this form is submitted and payment has been processed, you will be contacted with instructions on how your employees can access the course.

Contact Person: \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

**CARE COORDINATION AND TRANSITION MANAGEMENT (CCTM) COURSE  
GROUP ACCESS PROGRAM (MINIMUM OF 10 USERS):**

A Group Access Program purchase allows users the ability to view Power Point slides, listen and/or download audio recordings, download corresponding chapters of the *Care Coordination and Transition Management Core Curriculum* text, and complete CNE evaluations for 26.4 contact hours in the AAACN Online Library: [library.aaacn.org/aaacn](http://library.aaacn.org/aaacn)

Note: Contact hours for this *Care Coordination and Transition Management (CCTM) Course* Group Access Program purchase will expire March 31, 2020.



**Group Access Program Users**

- 10-25 - \$225 per person
- 26-50 - \$220 per person
- 51-100 - \$215 per person
- 101+ - \$205 per person

**Amount needed: \_\_\_\_\_ \* x \$ \_\_\_\_\_ = Total: \$ \_\_\_\_\_**

AAACN TAX ID: 51-023 1130

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**PAYMENT (CREDIT CARD OR CHECK ACCEPTED)**

- Discover     Visa     Master Card     American Express

Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Security Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Signature: \_\_\_\_\_  
Name of Card Holder: \_\_\_\_\_  
Credit Card Billing Address: \_\_\_\_\_

**Complete and Return This Form:**

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(Mail) Stephanie McDonald, AAACN, P.O. Box 56, Pitman, NJ 08071-0056

*Content will be available approximately 14 business days after payment is processed.*