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M-F 8 am - 6 pm EST.

**By Fax:**

- Fax completed order form  
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- Mail completed order form and payment to:  
**Access Continuing Education**  
**PO Box 14585, Albany, NY 12212**

**Please Type or Print Neatly:**

Name \_\_\_\_\_  
(as you want it to appear on your Certificate of Completion)

Profession \_\_\_\_\_  
(Optional)

State of Licensure \_\_\_\_\_ License # \_\_\_\_\_ License Exp Date \_\_\_\_\_  
(If Applicable) (If Applicable) (If Applicable)

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Paying by: Check \_\_\_ Money Order \_\_\_ Visa \_\_\_ MC \_\_\_ Amex \_\_\_ Disc \_\_\_  
(Check One) (Payable to Access Continuing Education)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_  
(if different than above)

Cardholder billing address \_\_\_\_\_  
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Authorized Signature \_\_\_\_\_

COURSE	PRICE	Quantity	Total
Infection Control: New York State Mandatory Training	\$40.00		
Child Abuse and Maltreatment/Neglect: Identification and Reporting New York State Mandatory Training	\$40.00		
SAFE SCHOOLS: Preventing School Violence NYS Mandatory Training	\$40.00		
Infection Control: New York State Mandatory Training <b>Large Print Version</b>	\$50.00		
Child Abuse and Maltreatment/Neglect: Identification and Reporting New York State Mandatory Training <b>Large Print Version</b>	\$50.00		
SAFE SCHOOLS: Preventing School Violence NYS Mandatory Training <b>Large Print Version</b>	\$50.00		
Handling and Shipping ( <b>Priority Mail</b> )			\$ 7.35
<b>*Add \$10.00 for CME certificate for infection control course</b>			
<b>*Add \$10.00 for CME certificate for child abuse reporting course</b>			
Total Due			

[www.accesscontinuingeducation.com](http://www.accesscontinuingeducation.com) \* [accesseducation@nycap.rr.com](mailto:accesseducation@nycap.rr.com)