



AALTCN Product Order Form

I would like to order AALTCN PIN - \$5.00 each x _____ Quantity = Total _____

I would like to order the Seeds of Inspiration Book \$16.95 each _____ Quantity for a Total _____

Position Statements and Core Competencies for LTC Nursing Staff (AALTCN Member: Free) Non Members \$49.95 = Total _____

I would like to order the following certification program: Please indicate product ordering. Thank you.

- Culture Change Nurse Coordinator Cert Program: CCNC-C™ Member: \$224 Nonmember: \$340
- Online Modules for Culture Change Nurse Coordinator Certification Program: CCNC-C™
____Module I ____Module II ____Module III ____Module IV
AALTCN Member: \$70 each module Nonmember: \$95 each module for a Total = _____
- Director of Nursing in Long Term Care Cert Program: DON-CLTC™ Member: \$295 Nonmember: \$375
- Online Modules for Director of Nursing in Long Term Care Certification Program: DON-CLTC™
____Module I ____Module II ____Module III ____Module IV
AALTCN Member: \$75 each module Nonmember: \$100 each module for a Total = _____
- Safety Specialist for LTC Cert: LTC-SSC™ Member: \$350 or \$95 per module Nonmember: \$450 or \$120 per module
- Staff Development Specialist in LTC Cert: SD-CLTC™ Member: \$179 Nonmember: \$270
- Online Modules for Staff Development Specialist in LTC Cert: SD-CLTC™
____Module I ____Module II ____Module III ____Module IV
AALTCN Member: \$50 each module Nonmember: \$75 each module for a Total = _____
- RN in Long Term Care Certification Program: RN-CLTC™ Member: \$160 Nonmember: \$180
- LPN in Long Term Care Certification Program: LPN-CLTC™ Member: \$100 Nonmember: \$170
- Nursing Administration Manual for Long Term Care Facilities Member: \$270 Nonmember: \$350
- Nursing Administration Review on CD CD set for Member \$53.95 Non-members \$63.95
- Nursing Administration Review on CD in combination with *Nursing Administration Manual for Long Term Care Facilities*
Combo Set Member \$298.95 Non members \$388.95

Ship to: _____ Phone # _____

Facility Name: _____

Address _____

City _____ State _____ Zip _____

Email _____ AALTCN Member: ___No ___Yes

I wish to join AALTCN at this time: ___\$175 Facility Membership ___\$75 Individual Membership

We also accept credit cards: Visa MasterCard American Express

Card # _____ Expires _____ Card Id _____ (3 digit code on back)

Signature _____ Total Amount: _____

Send this form and payment to: **American Association for LTC Nursing, PO Box 62956, Cincinnati, OH 45262-0956**

Credit Card Orders can be faxed to 513.407.4377 or phoned to 888-4LTCNurse (888-458-2687) www.LTCNursing.org