



2020 ONLINE COURSE REGISTRATION FORM

Please note that it can take up to 24 hours after the registration has been processed for the online course to appear in your Dashboard

APIC ID#: _____

*First Name: _____

*Last Name: _____

Credentials/Designation: _____ Title: _____
 (License, Highest Degree, Certification)

Employer/Facility Name: _____

*Address: _____

*City: _____ *State: _____ *ZIP/Postal code: _____

*Business Phone: (____) _____ *Email Address: _____

***Required**

Course	Member	Non-member
NEW! Ambulatory Essentials (includes PDF of workbook)	250	350
Revised! Research Education Series	50	100
CIC Certification Review Course	350	475
EPI® Education Series: EPI® 101/EPI® 102	1325	1525
EPI® Education Series: EPI® 101	850	1050
EPI® Education Series: EPI® 102	650	850
EPI Series: Effectively Using Data	50	100
EPI Series: Cleaning, Disinfection and Sterilization	75	125
EPI Series: Basic Microbiology	75	125
EPI Series: Basics in Construction & Renovation	50	100
EPI® Education Series: 101/102 for Long-Term Care	195	270
Making the Business Case: Financial Acumen for the Infection Preventionist	50	100
Health Information Technology	50	100
Basic Statistics for IPs	75	125
Tech Tools: Basics of Microsoft Excel	25	50

TOTAL: \$

PAYMENT OPTIONS: (This form must be accompanied with a payment in order to process a registration)

Please charge my: AMEX MASTERCARD VISA

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

Credit card payments only:

Fax to: (202) 454-2590

Check Payments:

Mail to:

APIC

PO Box 79502

Baltimore, MD 21279-0502

Attn: Course Registrar