AAE Review Course DVD Order Form

Association of Asthma Educators
AAE
Who's teaching YOU about asthma?

AAE NATIONAL ASTHMA EDUCATOR CERTIFICATION AND RECERTIFICATION REVIEW COURSE

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- **$150 for Members**
- **$200 for Nonmembers**
- **$100 for attendees of course (members or nonmembers)**

Newly revised course conforms to the EPR-3 Guidelines. Includes seven DVDs (11 hours total) and complete review course syllabus.

Course Objectives:

- To prepare participants to sit for the National Asthma Educator Certification Exam by providing an in-depth review of asthma education based on the National Asthma Educator Certification Exam matrix
- Discuss the trends in asthma prevalence, morbidity and mortality
- Discuss barriers to adherence as they apply to self-assessment and self management of asthma
- Utilize problem-based learning to develop a plan of care for a patient with asthma

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The National Asthma Educator Certification Exam is administered by the National Asthma Educator Certification Board (NAECB), which is not affiliated with AAE. The National Asthma Educator Certification and Recertification Review Course was developed by the Association of Asthma Educators and is the exclusive property of AAE.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

FEES:

❑ **Members:**
_____ DVDs at $150 + _____ shipping = _____

❑ **Nonmembers:**
_____ DVDs at $200 + _____ shipping = _____

❑ **Attendees:**
_____ DVDs at $100 + _____ shipping = _____

SHIPPING AND HANDLING PER DVD SET:

❑ USPS Media Mail (7-10 days): $8.00

❑ USPS Priority Mail (2-3 days): $15.00

Note: Please allow approximately 48-72 hours in-office order processing time in addition to the shipping times listed above. Shipping rates subject to change.

Multiple Orders—*Shipping rates listed are for first DVD purchased only. Each additional DVD set will add an additional payment equal to the single shipping rate.* International shipments—*Please call 888-988-7747 or email info@asthmaeducators.org for shipping cost.*

PAYMENT:

❑ Check ❑ Credit Card: ❑ VISA ❑ MasterCard ❑ AMEX

Credit Card #: _____

Exp. Date: _____ Total Enclosed/Charged:$ _____

Billing Address: _____

Signature: _____ Date: _____

FOR OFFICE USE:

AVS #: _____ Approval #: _____ Date: _____

PLEASE MAIL OR FAX YOUR ORDERS TO:

Association of Asthma Educators
1215 Anthony Avenue
Columbia, SC 29201
Phone: 888-988-7747
Fax: 803-254-3773
Order On-line at *www.asthmaeducators.org*