CHEST RENEWAL LOG

				Facility Payment Facility:						
Trainer:										
First Name	Last Name	Title	Email	Phone #	Address	Expire Date	AHA ID	CEs Met	Payment	

Payment Method:		Check/money order (payable to the AHE). Allow 2-3 weeks for payment processing				
	/	Visa	Mastercard	American Express		
Credit Card Number	Exp. Date					
Name as appears on card	 Signature		 Total P	 AYMENT		

Please fax registration form with credit card payments to 312-422-3609. We cannot accept credit card payments via email.

Payment is processed before the application is processed. **All fees are nonrefundable.** Renewal fees may be submitted up to one (1) year **before** certification expiration date. Applications postmarked/faxed up to 30 days **past** the expiration date incur a \$25 late fee: