CSCT RENEWAL LOG

Trainer:					Facility Payment <i>Facility:</i>				
]					
First Name	Last Name	Title	Email	Phone #	Address	Expire Date	AHA ID	CEs Met	Paymen
ayment Met	hod:				Check/money o	rder (payable to the AHE).	Allow 2-3 we	eks for paym	ent process
				Visa		Mastercard A		merican Express	
redit Card Numb	ber		Exp. Date						
lame as appears on card Signat					TOTAL PAYMENT				

Please fax registration form with credit card payments to 312.276.8015. 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: