

**AHA CERTIFICATION CENTER (AHA-CC) CERTIFICATION PROGRAM
LOGO ORDER FORM**

Agreement for Placing the Order: I understand that only currently certified individuals may submit this order form and that this order will be processed after currency of my certification has been verified for the program logo I am ordering. I also understand that I may use the logo as artwork only for *my* business cards or stationary only for as long as I remain certified and continue to abide by the *AHA-CC Professional Standards of Conduct*. I shall not share the marks with any other person for their use. If I misrepresent any of the AHA-CC programs, designations, or the logos in any manner, I agree to cease and desist that practice. If it is determined that my certification has expired and payment for the logo has been processed, I will receive a refund of the payment in the manner in which it was submitted. By submitting this request for the logo, I agree to the above and certify that I have read and agree to abide by the *Guidelines for Use of AHA-CC Certification Marks*.

Signature: _____ Date: _____

Name: _____ Email: _____

Title: _____ Organization: _____

Mailing Address: Business Home Street Address: _____

City _____ State _____ Zip Code _____

Primary Phone: Business Home Cell (_____) _____ - _____

Fee: \$10 per program logo ordered. Check the program certification mark (s) that you are ordering.



Certified Healthcare Constructor

CHC Logo



Certified Healthcare Environmental Services Professional

CHESP Logo



Certified Healthcare Facility Manager

CHFM Logo



Certified in Healthcare Human Resources

CHHR Logo



Certified Materials & Resource Professional

CMRP Logo



Certified Professional in Healthcare Risk Management

CPHRM Logo

_____ **Number of program logos ordered**
X \$10 each

_____ **TOTAL PAYMENT ENCLOSED**

Payment Method (check one) Payment is processed before the order is fulfilled. Total processing time for fulfillment is generally about three weeks after processing of payment. Logo will be emailed in eps & jpg formats.

- Check/Money Order (payable to AHA Certification Center) Allow 7-10 days from postmark for payment processing.
- Credit Card Payment. (check one) Visa MasterCard American Express

_____ Credit Card Number

_____ Expiration Date

_____ Name (as it appears on card)

_____ Signature (Required for processing Credit Card Orders)

Submit completed Order Form and payment:

Mail: AHA Certification Center, P.O. Box 75315, Chicago, IL 60675-5315

Fax: 312.422.3609 (secure fax line; for order with credit card payment only)

Questions? Call 312.422.3702 or send inquiry to certification@aha.org