



AHA CERTIFICATION CENTER

ORDER FORM for DUPLICATE CERTIFICATE or CERTIFICATION LAPEL PIN

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 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. 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 AHA-CC 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 ( ) \_\_\_\_\_ - \_\_\_\_\_

Fees \$25 per pin ordered; \$25 per certificate ordered.

Pin (enter quantity) If you are not the certificant, list must be provided of certificants for whom the pin is being ordered.

\_\_\_CHC \_\_\_CHESP \_\_\_CHFM \_\_\_CHHR \_\_\_CMRP \_\_\_CPHRM TOTAL: \_\_\_\_\_

Certificate (enter quantity) If you are not the certificant, list must be provided of the certificant(s) and their address for whom the certificate is being ordered. Certificates are mailed directly to the certificant.

\_\_\_CHC \_\_\_CHESP \_\_\_CHFM \_\_\_CHHR \_\_\_CMRP \_\_\_CPHRM TOTAL: \_\_\_\_\_

\_\_\_\_\_ Number of certificates ordered

X \$25 each

\_\_\_\_\_ TOTAL PAYMENT ENCLOSED

Payment Method (check one) Payment is processed before the order is fulfilled.

Check/Money Order (payable to the AHA Certification Center) Allow 7-10 days after postmark for payment processing. Total processing time is generally about 3 weeks after processing of payment.

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: 312.276-8015 (secure fax line; for order with credit card payment only)

Questions? Call 312.422.3702 or send inquiry to [certification@aha.org](mailto:certification@aha.org)