

CERTIFICATE OF CONTINUING EDUCATION HOURS

The American Association of Cardiovascular and Pulmonary Rehabilitation certifies that:

Has earned 1.0 continuing education hour(s) for participation in the AACVPR Webcast:

Motivational Interviewing for Health Behavior Change

Presented by: Lola A. Coke, PhD, ACNS-BC, RN-BC, FAHA May 22, 2012

This course has been approved by the Professional Education Committee of the American Association of Cardiovascular and Pulmonary Rehabilitation for a total of 1.0 CEC.

athlies

Kathleen K. Zarling, MS, APRN-BC, FAACVPR Chairperson Professional Education Committee



Promoting Health & Preventing Disease

CERTIFICATE OF CONTINUING EDUCATION HOURS

The American Association of Cardiovascular and Pulmonary Rehabilitation certifies that:

Has earned 1.0 continuing education hour(s) for participation in the AACVPR Webcast:

Motivational Interviewing for Health Behavior Change

Presented by: Lola A. Coke, PhD, ACNS-BC, RN-BC, FAHA May 22, 2012

This course has been approved by the Professional Education Committee of the American Association of Cardiovascular and Pulmonary Rehabilitation for a total of 1.0 CEC.

athles

Kathleen K. Zarling, MS, APRN-BC, FAACVPR Chairperson Professional Education Committee



Promoting Health & Preventing Disease

CERTIFICATE OF CONTINUING EDUCATION HOURS

The American Association of Cardiovascular and Pulmonary Rehabilitation certifies that:

Has earned 1.0 continuing education hour(s) for participation in the AACVPR Webcast:

Motivational Interviewing for Health Behavior Change

Presented by: Lola A. Coke, PhD, ACNS-BC, RN-BC, FAHA May 22, 2012

This course has been approved by the Professional Education Committee of the American Association of Cardiovascular and Pulmonary Rehabilitation for a total of 1.0 CEC.

thle

Kathleen K. Zarling, MS, APRN-BC, FAACVPR Chairperson Professional Education Committee



Motivational Interviewing for Health Behavior Change

Presented by: Lola A. Coke, PhD, ACNS-BC, RN-BC, FAHA May 22, 2012

Name of the AACVPR member registered for the webcast:

Additional certificates for attendees may be requested for a \$10 processing fee. Please complete the contact information portion of this form <u>for each individual requesting additional certificate(s)</u> and return the form(s), including the completed payment information portion, to <u>aacvpr@aacvpr.org</u> or by fax to 312/673-6924.

Contact Information - ALL INDIVIDUALS REQUESTING A CERTIFICATE MUST COMPLETE THIS PORTION IN FULL.

Full Name	Credentials
Job Title	_ Place of Employment
Address	
City State/Province	ZIP Code/Postal Code
Country	This address is Home 🗆 Business
E-mail	
Work Phone ()	_ Home Phone ()
	_ Fax ()
Interest Area: 🗆 Cardiovascular 🗆 Pulmonary 🗆 Both Cardiovascular & Pulmonary 🗆 Other	
Are you a current member of your regional society? Yes Ves No If so, what Society?	
payment should apply, to: AACVPR - Membership 8349 Solutions Center Chicago, IL 60677-8003 3. Forms with credit card payment may be faxed to 312/673-6924 To pay for more than one additional certificate with one payment, please enclose/attach forms with the above contact information portion completed for each individual, and only complete the payment information portion below on one form. Please include all of the last names of the certificates to whom this payment should apply here:	
Total # of additional certificates requestedx \$10.00 (per certificate) = Total Payment Due: \$ Payment Information □ Check (no purchase orders please) Check #: □ Visa □ MasterCard □ American Express Credit Card # Expiration Date:	
Name as it appears on card:	
Signature:	Date: