PATIENT-FOCUSED QUALITY COMPETENCE: THE OC GAP CERTIFICATE PROGRAM

Available for Sale: January 1, 2012; Sold until: December 31, 2012 | Program Access Available: January 1, 2012 – July 15, 2013

OVERVIEW The quality of laboratory results have a direct impact on patient care, and high-quality QC is essential. Participants in this program will learn when a guality indicator should be monitored, how to use the associated number to make decisions and take action, and what message that number is really conveying. Complete all 4 courses between January 1, 2012 and July 15, 2013, to receive the certificate. Continuing education credit is available for completing all 4 courses.

TECHNICAL REQUIREMENTS To access this certificate program, you will need a computer with Internet access and speakers, a compatible Internet browser (eq, Internet Explorer), and a compatible version of Adobe Reader. To see if your browser, system, and version of Adobe Reader meet the minimum requirements please visit the AACC Technical Requirements page: http://www.aacc.org/events/online_progs/Pages/TechnicalRequirements.aspx#

CANCELLATION POLICY Cancellations and refunds are not available for e-learning courses.

FOUR WAYS TO REGISTER (PID 6820):

- MAIL payment and registration form to: AACC, PO Box 759230, Baltimore, MD 21275-9230
- PHONE AACC Customer Service at 800-892-1400 or 202-857-0717 (credit cards only)
- FAX registration form to: 202-887-5093 (credit cards only)
- ONLINE registration is available at www.aacc.org/events/online_progs/ (credit cards only)

Become an AACC Member and register at the reduced member □ Register me for Patient-Focused Quality Competence: rate. View member benefits at www.aacc.org/members

- □ I wish to become a full AACC Member (\$210).
- □ I wish to become an Affiliate AACC Member (\$120). (NOTE: Affiliate members do not receive the Clinical Chemistry Journal.)

The QC Gap Certificate Program (PID 6820)

Cost: \$200.00 AACC Member \$400.00 Non-member

PRINT OR TYPE ALL INFORMATION (Full payment of all fees must accompany this form for registration to be processed. We do not accept purchase orders.) AACC Member # Name Title_ __ Degree ___ Institution/Organization Department_____ Address State Postal/ZIP Code Country City____ Email (required)_____ Email (for logging into the online courses, if different than above) Phone_ _____Fax _____ This information is my: Business 🔲 Home 🔲 This is my new contact information. Please update my permanent record. Payment by check (please make check payable to AACC) Checks must be in U.S. dollars, payable through a U.S. bank. Contact AACC Customer Service for wire transfer information. I enclose \$_____ □ Personal check □ Company check Payment by credit card: American Express MasterCard Expiration date: Account # MONTH _____Signature of Cardholder: _____ Name on Card: Credit Card Billing Address (exactly as it appears on your statement): _____ You will be automatically enrolled to receive mail and email based on AACC's standard privacy options, unless you have previously modified your communication settings. To view the AACC privacy policy and to modify your communication preferences, when you receive your receipt, login to www.aacc.org, click on Access Your AACC.org, and select update your profile. 1850 K Street NW, Suite 625, Washington, DC 20006-2215 • Email: custserv@aacc.org • Web: www.aacc.org