



Seniors and People with Disabilities
Office of Licensing and Quality of Care
500 Summer Street NE, E-13
Salem, OR 97301-1074

DHS: Seniors and People with Disabilities Division

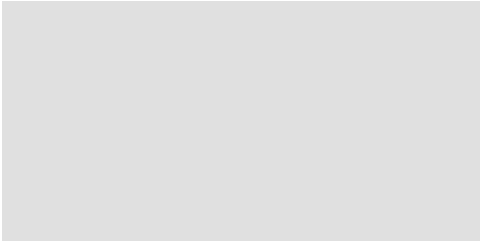
SPD's Health Support Unit Self-Study Courses



DHS | Independent. Healthy. Safe.

Self-Study Course Order Form

July 2008



Self-Study Courses

To order check Self-Study Course

Aspiration	2 CEU's	<input type="checkbox"/>
Constipation	2 CEU's	<input type="checkbox"/>
Dehydration	2 CEU's	<input type="checkbox"/>
*RN Delegation	4 CEU's	<input type="checkbox"/>
Documentation	2 CEU's	<input type="checkbox"/>
Fall Prevention	2 CEU's	<input type="checkbox"/>
Infection Control	2 CEU's	<input type="checkbox"/>
Influenza	2 CEU's	<input type="checkbox"/>
Medical Terminology, Part 1	2 CEU's	<input type="checkbox"/>
Medication Safety	2 CEU's	<input type="checkbox"/>
Pain Management	2 CEU's	<input type="checkbox"/>
Pneumonia	2 CEU's	<input type="checkbox"/>
Pressure Sores	4 CEU's	<input type="checkbox"/>
Quality Care w/o Restraints	2 CEU's	<input type="checkbox"/>
Working with Challenging Behavior, Part 1	2 CEU's	<input type="checkbox"/>
Working with Challenging Behavior, Part 2	2 CEU's	<input type="checkbox"/>
Your Body: Changes Through the Years	2 CEU's	<input type="checkbox"/>

Total Number of CEUs _____

*RN rate is \$20 for Professional CEUs. RN Delegation is the only course w/Professional CEUs.

Instructions

We cannot accept Self-Study orders in a business or company name. Self-Study course(s) orders for multiple individuals must have a separate form filled out for each individual. A single check for multiple individuals is accepted and must accompany the order forms.

No refunds will be given.

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Check here if new address or phone number(s)

Facility/Agency Name: _____ Position: _____

Email: _____

Enclose a check or money order

Total Number of CEUs: _____ x \$2.50 = Total Due: _____

Method of Payment: Check Money Order

MAIL TO: SPD's Office of Licensing and Quality of Care
500 Summer Street, NE, E-13
Salem, OR 97301-1074
Attention: Self Study Program

OR

FAX TO: (503) 378-8966

To view Self Study courses or to download a new order form:
www.oregon.gov/DHS/spd/provtools/nursing