

Request for ASTNA Continuing Education Hours

I am requesting 100 Continuing Education Hours through the Air and Surface Transport Nurses Association. I understand that upon completion of the CCEMTP course listed below (with 100% attendance) along with payment of the \$75.00 fee, I will receive a Certificate of Attendance from ASTNA for these continuing education hours.

Please complete the information requested below and submit with required fee.

Mail this completed form and your check or money order made payable to "UMBC" to:

UMBC PACE/Dept. of EHS Sherman Hall – A-Wing – Room 316 1000 Hilltop Circle Baltimore, Maryland 21250

If paying by credit card, this form may be faxed to **410-455-6713**.

| Name: | | | | |
|---|--|-------------------------------------|---------|------------------|
| Address: | | | | |
| City, State, Zip: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Date & Location of CCEMTP course: | | | | |
| 100 ASTNA Continuing Education Hours | | | \$75.00 | |
| Credi | lit Card Convenience processing fee (add to balance above) | | \$ 5.00 | |
| Pleas | e charge my VISA/ MasterCard/Disco | over (please circle one) >> | | |
| Enclosed is my check in the amount of >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> | | | | |
| | | | | |
| Card | | V-code: | | Expiration Date: |
| Number: | | (last three digits on back of card) | | |
| Address if figure 1 | | Name as it appears on Card: | | |
| from above: | | Signature: | | |

Please allow four (4) weeks for processing.