



Post Office Box 1459  
Tallahassee, FL 32302

Phone: 850-224-3907  
Fax: 850-681-2075  
Website: www.fhca.org

## Licensed Practical Nurse Supervisory Course

### Order Form

**Ship to (Please print clearly):**

Contact:

Facility Name:

Facility Address:

Phone Number:

**Order Date :**

Please allow two weeks for shipping.  
Note that payment is required with order.

Quantity	Description	Unit Price	*FHCA Member Discount %	Final Price (\$100.00 Members) (\$200.00 Nonmembers)	Total
	Licensed Practical Nurse Supervisory Course -30 hour course developed in compliance with 64B9-16.002, FAC.  <i>Approved by the FL Board of Nursing</i>	\$200.00	50%	\$	
				Subtotal	
				Shipping	\$ 2.50 Per Manual
				Balance	

**Method of Payment** (please select method):

Check Enclosed

Credit Card

American Express

Visa

MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Approved Amount: \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Current Facility Membership with Florida Health Care Association is required in order to receive the exclusive member discount. Membership status will be verified.

**Please return payment and order form to:**  
FHCA  
P.O. Box 1459  
Tallahassee, FL 32302

You may also order online at [www.fhca.org/ Online Store](http://www.fhca.org/OnlineStore).