EXCELSIOR COLLEGE®

7 Columbia Circle, Albany, NY 12203-5159
Phone: **518.608.8211** | Toll Free: **888.647.2388** | Fax: 518.464.8777
WWW.EXCELSIOR.EDU/CPD

CENTER FOR PROFESSIONAL DEVELOPMENT

Corporate License Purchase Form

The *Prevention and Treatment of Skin Breakdown* is a series of comprehensive, online, self-paced courses developed by Nurse Educators and designed to help different levels of caregivers understand their role in wound care and pressure ulcer treatment and prevention.

This program was developed in conjunction with the Emerson Foundation.

Registering Your Staff

Healthcare providers and institutions may purchase a block of corporate license access codes for the *Prevention and Treatment of Skin Breakdown* program. Employees will use individually-assigned access codes to register, allowing your organization to monitor staff training.

The license price is determined by the number of individual users (employees) who will be enrolling in the program. Each code provides access to all three courses within the series. Upon receipt of this form, the requested access codes will be generated and sent via email to the person designated below.

Number of Individual Users	License Price (Total)	Price Per License
Up to 10	$150	$15.00
11 – 50	$650	$13.00
51 – 100	$1100	$11.00
101 – 150	$1500	$10.00
151 – 200	$1800	$9.00
201 – 250	$2000	$8.00
Over 250	$8.00 per license	$8.00

Excelsior College's sole responsibility under this license agreement shall be to deliver the access codes for the *Prevention and Treatment of Skin Breakdown* program to the purchasing organization's designated contact person. The purchasing organization then assumes all responsibility for the distribution of access codes to employees, monitoring the use of the access codes, supervising employee training, and any related activities.

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Payment Information

Program Name: _____

Number of License Codes Requested: _____ Total Price: $_____

Organization: _____

Billing Address: _____

Primary Contact: _____ Title:_____

Email: _____ Phone: _____

Credit Options: __ Visa __ MasterCard __American Express __ Discover

Card #: _____ Expiration Date: ___ / _____

Name: _____ 3 Digit Security Code: _____

Signature: _____ Date: _____

Sending Your Payment

FAX:

518.464.8646
Attn: Dolores DeThomasis

MAIL:

Excelsior College
Bursar's Office
Attn: Dolores DeThomasis
7 Columbia Circle
Albany, NY 12203