



# ACDS ACCREDITATION ORDER FORM



ORDER DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

| Qty | Description  | Cost         | Total |
|-----|--|--------------|-------|
|     | <b>CET ACCREDITATION LEVEL 1</b><br>Standards Manual 2008  | \$35.00      |       |
|     | <b>CET ACCREDITATION LEVEL 1</b> <i>with Complex Behaviour Supports Review</i><br>Standards Manual 2008          | \$35.00      |       |
|     | <b>CET ACCREDITATION LEVELS 1 &amp; 2</b><br>Standards Manual 2008   | \$45.00      |       |
|     | <b>CET ACCREDITATION LEVELS 1 &amp; 2</b> <i>with Complex Behaviour Supports Review</i><br>Standards Manual 2008 | \$45.00      |       |
|     | <b>CET ACCREDITATION LEVELS 1 &amp; 1</b> <i>with Children's Standards</i><br>Standards Manual 2008              | \$45.00      |       |
|     | <b>LET SELF ASSESSMENT TOOL 2008</b>   | \$15.00      |       |
|     | <b>GUIDELINES FOR THE USE OF MEDICATIONS THAT INFLUENCE BEHAVIOUR</b>  |              |       |
|     | <b>1 copy of Booklet</b>   | \$10.00      |       |
|     | <b>3 copies of Booklet</b>   | \$25.00      |       |
|     |  | Sub Total    |       |
|     | <i>If no GST, provide exemption number:</i>  | GST 5%       |       |
|     | <i>Price includes shipping and handling</i>  | <b>TOTAL</b> |       |

### PAYMENT (check one):

Please invoice for this order, P.O. #: \_\_\_\_\_

I have enclosed my cheque for \$ \_\_\_\_\_

Please make cheque payable (and forward) to:

#### Alberta Council of Disability Services

Bay 19, 3220 – 5 Avenue NE

Calgary, Alberta T2A 5N1

Tel: (403) 250-9495 Fax: (403) 291-9864

E-mail: [accred@acds.ca](mailto:accred@acds.ca)

G.S.T.#: (R106692676)

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| Shp ___/___/___     |
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| Inv # _____         |
| Chq # _____         |
| Db Comp ___/___/___ |