CERTIFICATE ORDER FORM

Mail
this completed form to:
Learners Edge
10523 165th Street West
Lakeville, MN 55044

Fax
this completed form to:
952.469.2790
(Use credit card if ordering by fax)

Last Name _____ First Name _____ Middle Name _____ Address _____

City _____ State _____ Zip _____ Phone Number (please indicate) ☐ home ☐ work ☐ mobile

Email Address (Home Email Address Preferred - Necessary for Grade Reporting Purposes) _____ State of Licensure _____ Renewal Date (MM/DD/YYYY) _____ Name of District _____

School Name _____ School City _____ School State _____

Gender: ☐ Male ☐ Female Date of Birth (MM/DD/YYYY) _____ Country of Citizenship _____

Previous Customer: ☐YES ☐ NO
Previous name or address (including maiden name if applicable):

Teaching Info
☐ PreK ☐ 6-8 ☐ Admin
☐ K-5 ☐ 9-12 ☐ Other_____

Subject You Teach: _____

Do you have a Master's Degree? ☐ YES ☐ NO
Do you have a Bachelor's Degree? ☐ BA ☐ BS
Required for CE Graduate Credit

Undergraduate Institution _____
Undergraduate Year _____

Registration Information

	Registration Accepted:	Coursework Due:
Spring:	July 16-March 15	April 15
Summer:	December 16- July 15	August 15
Fall:	March 16- October 15	November 15

Notes

* To earn a certificate, all courses must be taken from the same college/university
* Courses must be taken within 2 consecutive sessions.
* Past courses taken through Learners Edge and/or another college/university do not apply.

Please note: These certificate/graduate credits are intended to fulfill requirements for license renewal/lane change when the student has obtained proper prior approval. The certificates are not intended for license endorsements or any change in licensure status beyond renewal.

Terms and Conditions

- Group discounts do not apply to certificates.
- Course cancellations accepted only within 30 days of order, a $40 processing fee will apply.
- Once received, your order will be processed and mailed within 2 business days. Please allow an additional 7-10 business days for standard mail delivery. For rush shipping, add priority shipping in the Check Out area.
- Continuing education graduate credit is intended to fulfill requirements for license renewal/lane change when the student has obtained proper prior approval.
- By submitting payment for these courses, I agree to the Learners Edge terms and conditions: https://courses.learnersedgeinc.com/terms-and-conditions
- Information provided during order process (excluding financial information) will be shared with the academic partner you select.

We accept: VISA MasterCard DISCOVER

Credit Card # _____ Exp. Date _____ CVC Code (3 digit code on back of card) _____

Signature _____

IMPORTANT Is billing information different than above? ☐ NO ☐ YES, please enter the information below.

Name _____ Address _____

City _____ State _____ Zip _____

Order Comments:

Certificate Registration Information:

Instructional Strategies (12 credits)	☐ Online	☐ Print-Based
Special Populations (12 credits)	☐ Online	☐ Print-Based
Learning Technologies (9 credits)	☐ Online	
Literacy (K-2) (12 credits)	☐ Online	☐ Print-Based
Literacy (3-8) (9 credits)	☐ Online	☐ Print-Based
Literacy (Secondary) (12 credits)	☐ Online	☐ Print-Based
Early Childhood (12 credits)	☐ Online	☐ Print-Based
Online Teaching (9 credits)	☐ Online	

Please indicate the university from which you would like to receive credit:

Augustana University ☐ Pacific Lutheran University ☐

Standard Shipping (7-10 business days) FREE
In a hurry? Priority Shipping add $6 _____
International Orders add $20 _____
Order Total _____
(Payment must accompany registration)

Pricing Information: Check website for current pricing

*tuition is due at the time of registration and payable via credit and/or debit card

By submitting payment for this course(s), I agree to the Learners Edge terms and conditions: https://courses. LearnersEdgeInc.com/terms-and-conditions.

Signature _____
(I agree to Learners Edge Terms and Conditions)

For More Information, Local: 952.469.3454 or Toll Free: 877.394.4930, Email: Info@LearnersEdgeInc.com

To be eligible for a Certificate, you must complete all required courses in one or two consecutive sessions. Please select one of the session options below.

Certificate Courses must be completed within the session registered.

Instructional Strategies Certificate

(12 Credits)

Name:_____

Phone: _____

Email Address: _____

Option 1: Fall/Spring (Please check the registration dates on page 1 before making your selection)

YEAR	SESSION	COURSE #	COURSE NAME (all required)
	Fall ☐ Spring ☐	704	Instructional Strategies that Work (3 credits)
	Fall ☐ Spring ☐	717	Differentiated Learning: How to Teach to Varying Ability Levels (3 credits)
	Fall ☐ Spring ☐	5847	Learning to Learn: Student Skills for School and for Life (3 credits)
	Fall ☐ Spring ☐	505	Brain Works: Better Teaching with the Brain in Mind (3 credits)

LEARNERS EDGE

Founded by teachers.
Dedicated to learning.®