

Course Transfer Requests

Students are required to fill out a Student Transfer Request Form. The fee for transfers is \$25 per course and will be paid at the time of registration. Students requesting to transfer must submit the request by the end of the semester for which he or she is enrolled. Requests received after the semester ends will NOT be accepted.

Once the transfer request is processed, students will be assigned a token number to use to re-register for the course. **The token is NOT transferable.** It is only valid for the specific course requested and for the user. The token will expire at the end of the semester for the current course enrollment.

Example: You are enrolled for Summer 2008 (semester dates June 3 – August 29, 2008) and desire to transfer the HIPAA Primer course. You were issued Token number T0XX. You will have to re-register the HIPAA Primer course to the desired semester by August 29, 2008.

Instructions for using the Token(s):

1. Go to www.AHIPinsuranceeducation.org.
2. Login with your username and password.
3. Click **"CATALOG"** followed by **"BROWSE CATALOG."**
4. Under **"TOPICS"** click **"SEE ALL ITEMS"** which expands to "Book📖 and Self Study📖."

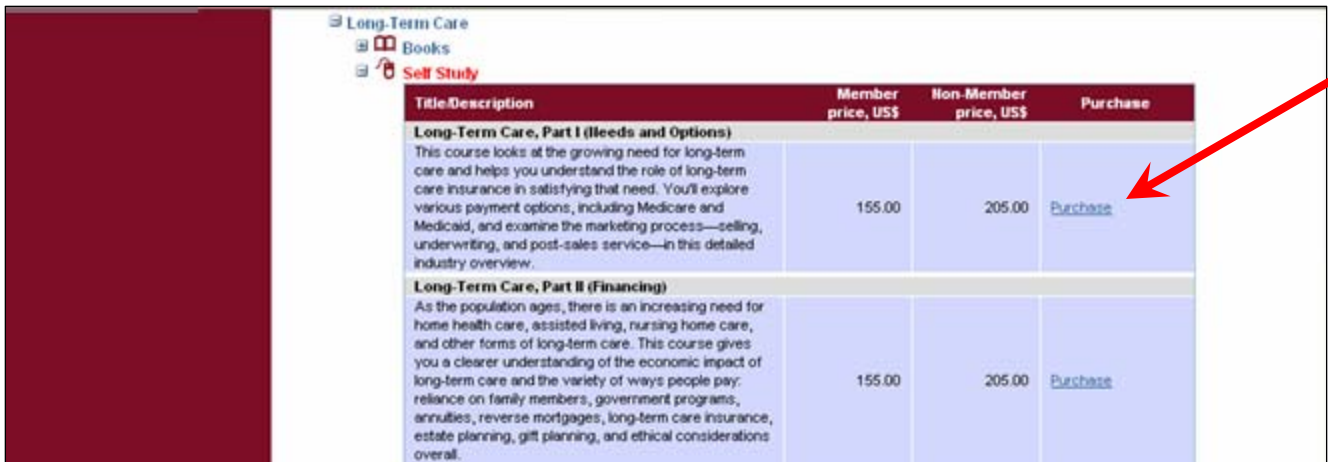
The window will expand to this list of topics after selecting "Browse Catalog."

"Catalog" and "Browse Catalog"

"See All Items" expanded to "Books" and "Self Study"

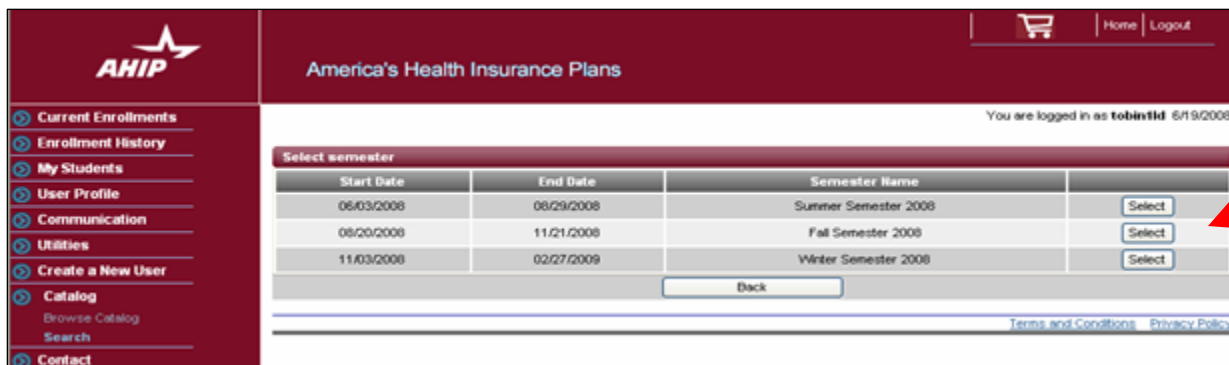
5. To reorder the course, click **"SELF STUDY📖."**

- Find the course you want to transfer, and click **"PURCHASE"** (This must be the same course entered on the transfer form).



NOTE: If "Purchase" is not visible on the computer, the computer screen resolution must be adjusted to 1024 by 768 pixels. Contact your network administrator for assistance.

- Select the semester to which you want to transfer.



- Verify the product selected and click **"ADD TO CART."**
- Verify that the only item in the shopping cart is the course to be transferred, then, click **"PROCEED TO CHECKOUT."**

NOTE: If you are transferring multiple courses, you must repurchase one at a time.

- Confirm the billing address, and then at the bottom of the page, enter the assigned Token number in the field labeled **"ENTER TOKEN NUMBER."** Click **"NEXT."**

Address Line 1*	601 Penn Ave
Address Line 2	
City*	Washington
State*	District of Columbia (DC)
Zip Code	200024
Country	United States (USA)
Token/Coupon	
Enter Token Number	T0036
Enter Coupon Number	
<input type="button" value="Back"/> <input type="button" value="Next"/>	

11. Verify order summary. The total should be \$25. Click **“NEXT.”**

District of Columbia									
200024									
United States									
<hr/>									
<input type="checkbox"/>	Qty	Employee	Item Name	Token Used	Coupon Used	Price, US\$	Handling, US\$	Total, US\$	
<input type="checkbox"/>	1	Lisa Tobin	Medical Expense Insurance Medical Expense Insurance This self-study course addresses forms of insurance coverage that provide reimbursement for various medical care expenses, such as group major medical insurance and individual hospital-surgical insura	<input checked="" type="checkbox"/>		150.00		0.00	
								Token Processing Fee	25.00
								Subtotal	25.00
								Overall Total	25.00
<input type="button" value="Back"/> <input type="button" value="Delete Selected"/> <input type="button" value="Update Cart"/> <input type="button" value="Next"/>									

12. Fill out payment information and billing information. Click **“COMPLETE PURCHASE.”**

Address Line 1*	601 Penn Ave
Address Line 2	
City*	Washington
State*	DC
ZIP Code	20004
Country*	United States
E-Mail Address*	tobin@yahoo.com
Phone Number	2029999999
<input type="button" value="Back"/> <input type="button" value="Complete Purchase"/>	

13. The next screen displayed will be the Payment Confirmation.