



ICB Credit Card Payment Form

Please email to info@iaodapca.org upon completion

Credential No.: _____ Board Registration No.: _____ New Application No.: _____

☐ Change of Address

Member/Applicant Name _____

Billing Address _____

City _____ State _____ Zip _____ Birth Date ____/____/____

Home Phone (____) _____ Work Phone (____) _____

VISA or MCARD **Please note, a 3.75% service charge will be added to all credit/debit card transactions.**

Security Code: _____

Number _____ - _____ - _____ Exp. Date _____

Name (as it appears on card) _____

Credit card statement billing address

(If different than above) _____

City

State

Zip

Please indicate the Credential you are submitting payment for:

CAAP CARS CCJP CFPP COUN CPRS CRSS CVSS MAATP CODP PCGC PREV RDDP

☐ Annual Re-Certification Fee _____

☐ Application Fee \$ _____

☐ Biennial Re-certification Fee _____

☐ Transition App Fee \$40.00 _____

☐ Endorsement Fee \$25 _____
GCE, ATE, CRSS-E, CRSS-YA

☐ Reprint Certificate/Board Reg \$60.00 _____

☐ Initial Certification Fee _____

☐ Reprint Conference Certificate \$50.00 _____

☐ Inactive Status \$30.00 _____

☐ Late Fee \$ _____

☐ Emeritus Status \$10.00 _____

☐ 1 Month Extension \$ 50.00 (Please note that you also need to pay your recertification fee in additional to extension fee)

☐ Other _____

Total Due \$ _____

FOR ICB TO COMPLETE

Total Charge\$ _____ MID # _____ Exp. Date _____

Authorization Number: _____

Employee _____ Date: _____

If you are unsure of the fee, please click on this link to view the list. [Schedule of Fees \(iaodapca.org\)](http://iaodapca.org)