



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 \$25.00 _____
- Initial Certification Fee _____
- Reprint Conference Certificate \$20.00 _____
- Deferred Billing Fee \$5.00(for payment options) _____
- Inactive Status \$20.00 _____
- Late Fee \$ _____
- Emeritus Status \$10.00 _____
- Extension \$ 10.00 (X) _____ Months = \$ _____ **(Please note that you also need to pay your recertification 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)