

**Credit Card Payment Form**

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 ( \_\_\_\_\_ ) \_\_\_\_\_

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

VISA or MCARD

Security Code: \_\_\_\_\_

Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorization Number: \_\_\_\_\_

**Name** (as it appears on card) \_\_\_\_\_

**Credit card statement billing address**

(If different than above) \_\_\_\_\_

**City**

**State**

**Zip**

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

Annual Maintenance Fee \_\_\_\_\_

Application Fee \$ \_\_\_\_\_

Biennial Re-certification Fee \_\_\_\_\_  
Opt 1 Opt 2 Opt 3

Transition App Fee \$30.00 \_\_\_\_\_

Initial Certification Fee \_\_\_\_\_  
Opt 1 Opt 2 Opt 3

Reprint Certificate/Board Reg \$15.00 \_\_\_\_\_

Reprint Conference Certificate \$10.00 \_\_\_\_\_

Deferred Billing Fee \$5.00 \_\_\_\_\_

Inactive Status \$20.00 \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

Emeritus Status \$10.00 \_\_\_\_\_

Extension \$ \_\_\_\_\_ (X) \_\_\_\_\_ Months \_\_\_\_\_

Testing Late Fee \$50.00 \_\_\_\_\_

Testing Fee \$ \_\_\_\_\_

Other \_\_\_\_\_

Mail Receipt

Total Due \_\_\_\_\_ Total Charge \_\_\_\_\_

Date \_\_\_\_\_ Employee \_\_\_\_\_

MID # \_\_\_\_\_ Exp. Date \_\_\_\_\_