

ADA CERP New Application Fee Transmittal Form 2024

Fees must be paid when submitting Applications and Pre-Applications. Review published deadlines at CCEPR.ADA.org.

Send applications and payments separately as directed below. Do not ship payment with applications.

Remit fees to this address:

American Dental Association
Attn: Accounts Receivable
211 East Chicago Avenue
Chicago, IL 60611-2678
USA
Fax: 312-440-2567

Ship applications to this address or contact CCEPR for information about online options:

American Dental Association
Attn: ADA CERP
211 East Chicago Avenue
Chicago, IL 60611-2637
USA

Provider Information

Name of CE Provider: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Contact Name and Title: _____

Phone: _____ E-mail Address: _____

Fee Type (check one):

Pre-Application: Determination of Eligibility (providers in U.S. and Canada): **\$100**
(International providers use PPIP fee transmittal form.)

Initial Application: \$1,226

Method of Payment (check one):

Check enclosed. *Check should be payable to: American Dental Association CERP*

Credit card (check one): VISA MasterCard American Express

Card number: _____ Expiration date: _____

Cardholder name: _____

Cardholder billing address (if different than above): _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Cardholder signature: _____

DO NOT EMAIL THIS FORM. Mail or fax to ADA Accounts Receivable as instructed above.

Office use only: EDU209 435401
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