

**ADA CERP New Application Fee Transmittal Form  
2025**

**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  
28094 Network Place  
Chicago, IL 60673-1280  
USA

**Or**, to pay by phone with a credit card call  
+1 312.440.2610

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

American Dental Association  
Attn: ADA CERP  
401 North Michigan Ave, Suite 3300  
Chicago, IL 60611-4250  
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): **\$150**  
(International providers use PPIP fee transmittal form.)

**Initial Application: \$1,287**

**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 CREDIT CARD INFORMATION.** Mail or call ADA Accounts Receivable as instructed above.

Office use only: EDU209 435401  
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