

**ADA CERP New Application Fee Transmittal Form--U.S. and Canada
2023**

Fees must be paid when submitting Applications and Pre-Applications. Review published deadlines at ADA.org/CERP. This form is for providers based in the United States or Canada only.

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):*

(This form is for providers in the U.S. or Canada only. International providers please contact CCEPR staff.

Pre-Application: Determination of Eligibility: \$100

Initial Application: \$1,179

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: 160-0050-020 435401
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