
ADA CERP PPIP Fee Transmittal Form 2025

Note: *Fee payments and surveys must be sent separately to the addresses below.*

Remit payment 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 surveys only to this address or
request instructions for online submission:**

American Dental Association
Attn: ADA CERP
401 North Michigan Ave, Suite 3300
Chicago, IL 60611-4250
USA
cerp@ada.org

Provider Information

Name of CE Provider:

Address:

Contact Name and Title:

Phone:

E-mail Address:

ADA CERP Pre-application Survey for International Providers. Fee: US \$715.00

Method of Payment

☐ 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:

Billing address (if different than above):

Cardholder signature: _____

Submit this form as directed above. Do not email credit card information.

Or contact CCEPR staff for information about wire transfers.

Office use only: EDU209 435401
81606200