
ADA CERP PPIP Fee Transmittal Form 2024

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

Remit fees to this address:

American Dental Association
Attn: *Accounts Receivable*
211 East Chicago Avenue
Chicago, IL 60611-2678
USA
Fax: +1 312-440-2567

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

American Dental Association
Attn: ADA CERP
211 East Chicago Avenue
Chicago, IL 60611-2678
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 \$681.00

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: _____

Mail or fax 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