



THE STATE

of **ALASKA**

*Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

Nurse Aide Registry

550 West 7th Avenue, Suite 1500

Anchorage, AK 99501

Phone: (907) 269-8160 ★ Fax: (907) 269-8156

Email: boardofnursing@alaska.gov

Website: www.nursing.alaska.gov

APPLICATION FOR CERTIFIED NURSE AIDE BY ENDORSEMENT

Alaska Statute 08.68 is the statute related to nursing in Alaska; 12 AAC 44.800-12AAC 44.895 are the regulations set forth by the Board of Nursing that govern certified nurse aides. Please read the application instructions, statutes, and regulations before completing your application.

REQUIREMENTS

An applicant is eligible for certification as a nurse aide by endorsement if the applicant meets **all** of the following requirements:

1. Proof of successful completion, not earlier than two years immediately before the date of the completed application, of a state approved certified nurse aide training program with a minimum of 140 hours of training that includes a minimum of 60 hours of classroom instruction and 80 hours of clinical/skills training; and
2. Possession of an unencumbered nurse aide certification or registration that is issued by a state or territory of the United States, or by a province or territory of Canada, that is current on the date of application; and
3. Successful completion of the competency evaluation required in 12 AAC 44.850. The examination can be administered in a written or oral format.
4. If the applicant graduated from a CNA certification program that was not taught with English as the primary language, English textbooks, and English testing modules, submission of verification of passing one of the following English proficiency examinations, with at least the following minimum scores:
 - (A) International English Language Testing System (IELTS) academic examination – overall score of 6.5 with a minimum of 6.0 on all modules;
 - (B) Test of English as a Foreign Language, paper-based test (TOEFL-PBT) – overall score of 560 with a score on the Test of Spoken English (TSE) of 50;
 - (C) Test of English as a Foreign Language, computer-based test (TOEFL-CBT) – overall score of 220 with a score on the Test of Spoken English (TSE) of 50;
 - (D) Test of English as a Foreign Language, Internet-based test (TOEFL-iBT) – overall score of 84 with a speaking score of 26.

APPLICATION PROCEDURES

1. Submit a completed application, **signed** and **notarized**, along with all supplemental documentation that is required pursuant to the Professional Conduct and Personal History questions (1 through 6) on page 2 of the application.
2. Attach a check or money order for \$330 made payable to the **STATE OF ALASKA**. If your endorsement fee is being paid at a later date by another entity other than yourself, please submit a copy of the voucher or purchase order completed by the responsible party.
3. Complete Section I of the **Verification of Nurse Aide Certification** form. Mail the form to the Nurse Aide Registry in **the initial and current state of certification**.
4. Complete Section I of the **Verification for Nurse Aide Training** form. Mail the form to the school or facility where you completed your nurse aide training program. The training program will complete the form and return it to the Alaska Nurse Aide Registry.
5. Submit one (1) completed fingerprint card (FD 258) containing the applicant's fingerprints and other information required by the Department of Public Safety. The completed fingerprint card will be used to check the criminal history records of the State of Alaska and the FBI per A.S. 12.62.400. National Criminal History Record Checks For Employment, Licensing, and Other Noncriminal Justice Purposes.
6. The Board of Nursing must approve your application before you may become certified. You will be notified in writing approximately two weeks after receipt of your completed application concerning the status of your application.

SOCIAL SECURITY REQUIREMENT

Alaska Statute (AS) 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. However, the Alaska Division of Corporations, Business and Professional Licensing may, under certain circumstances, issue a license to a person who does not have a United States Social Security Number. To apply for exemption from the social security number requirement, contact the Licensing Examiner at (907) 269-8169 or you may download the form from the Board of Nursing web site at www.nursing.alaska.gov.

PAYMENT OF CHILD SUPPORT

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

NOTE – the following States do not complete Verification of Certification forms

California, Colorado, Florida, Illinois, Indiana, Louisiana, Missouri, Nebraska and North Carolina do not accept or process requests for written verification of Certified Nurse Aide (CNA) status. If you are certified/licensed in one of these states, please provide a copy of your certification/license.

(Please clip and save)

GENERAL INFORMATION

1. Nurse aide certificates are renewed every two years in even-numbered years **REGARDLESS** of when a certificate was issued. Nurse aide certificates **LAPSE** on March 31 of even-numbered years. Renewal notices are mailed at least 60 days prior to the expiration date. New certificates issued within 90 days of the biennial expiration date will be effective through the next biennial period. You cannot work as a CNA with a certification that has lapsed.
2. There are continued competency requirements for each renewal period. When you renew for the first time, if you have held your certification for over a year but less than two years, you **are** required to have completed 12 contact hours of continuing education and 160 hours of monetarily compensated employment. If you hold your certification for less than a year, you are **not** required to complete the 160 hours or more of monetarily compensated employment nor the contact hours of continuing education. All licensees who have held their certification for two years or more, must complete 24 contact hours of continuing education and 160 hours of monetarily compensated employment.
3. It is the certificate holder's responsibility to notify the Division of Occupational Licensing, **IN WRITING**, of any change of address. **Failure to receive a renewal notice does not relieve a certificate holder of the responsibility to renew his/her certification prior to the expiration date.**
4. All certified nurse aides who are conducting business or offering services in Alaska and who are not considered an employee must obtain a business license. If you are unsure if you are an independent contractor or an employee, please discuss this matter with the person for whom you are working or with an attorney. Please contact the **Division of Corporations, Business and Professional Licensing, Business Licensing Section, at (907) 465-2550**, for further business license information.
5. If you are interested in trends and issues facing certified nurse aides, you are invited to attend Board of Nursing meetings. The Board of Nursing meets at least four times per year and the meetings are open to the public. Contact the Board of Nursing for further information at (907) 269-8161.
6. All information on this form will be available to the public unless required to be kept confidential by law. Current licensee information, including the mailing address, is available on the Division's website at www.commerce.alaska.gov/cbp/Main/Search/Professional under License Search.
7. Please be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state or local government agency, or other entity making a relevant inquiry or as may be required by law.
8. If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the Division.

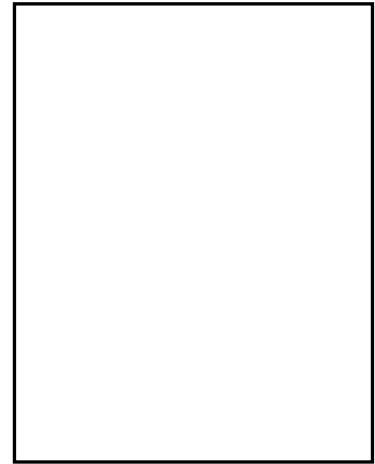


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APPLICATION FOR CERTIFIED NURSE AIDE BY ENDORSEMENT

\$100.00 – Nonrefundable Application Fee	\$100.00 - License Fee	TOTAL FEES: \$330
\$75.00 – Nonrefundable Fingerprint Processing Fee	\$55.00 - Exam Fee	
Application, License, and Certification Fee must be paid in full.		Make check or money order payable to the State of Alaska.
A completed fingerprint card and \$75 processing fee must be included.		

Please be aware that non-refundable fees will not be refunded under any circumstance.

If you submit an application and are unable to complete the process or meet all the requirements, non-refundable fees will not be refunded.

(PLEASE TYPE OR PRINT IN INK - all questions must be answered. If a question doesn't apply to you, indicate with N/A)

Complete Name:	Last			First			MI			
Former / Other Names:				Contact Phone:						
Mailing Address:										
Street Address or PO Box			City			State			Zip	
Birthdate:			Sex:			Eyes:			Hair:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.										
Email:						<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail				
SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.										

EDUCATION:

Nurse Aide Training Program:										
Mailing Address:										
Street Address or PO Box			City			State			Zip	
Length of Program:			Type of Program (check one):	<input type="checkbox"/> Facility Based <input type="checkbox"/> Non-Facility Based						
Date Entered (mm/yyyy):			Date Completed (mm/yyyy):							

NURSE AIDE RELATED WORK HISTORY:

Please list all states where currently or previously certified:			
Last or Current Place of Employment as a Nurse Aide:			
Mailing Address:			
Street Address or PO Box		City	State Zip
Name of Supervisor:		Telephone:	
Dates Employed From (mm/yyyy):		Dates Employed To (mm/yyyy):	

PROFESSIONAL CONDUCT (The following must be answered pursuant to AS 08.68.334).

- Has your professional license in any state or country ever been denied, revoked, suspended, stipulated, on probation, or been subject to any other restriction or disciplinary action?..... Yes No
- Have you **ever** been convicted of a misdemeanor or felony (convictions include “suspended impositions of sentence”)?..... Yes No
- Have you ever been or are you currently the subject of an inquiry or under investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute, or for any violation or alleged violation of the Nursing Practice Act, or unprofessional or unethical conduct? Yes No

If you answered “Yes” to questions 1, 2, or 3, you must explain dates, locations, and circumstances on a separate piece of paper **and send supporting documents** that are applicable (e.g. court charging documents, judgments and police reports for each conviction). Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

PERSONAL HISTORY (The following must be answered pursuant to AS 08.68.334).

- Within the past five years, have you been or are you currently being treated, or on medication for, any mental or emotional illness which may impair or interfere with your ability to practice safely and in a competent and professional manner?..... Yes No
- Are you currently participating in a substance abuse and /or alcohol or drug treatment program or been diagnosed with a substance abuse disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner?..... Yes No
- Do you have a physical disability or physical illness which may impair or interfere with your ability to practice safely and in a competent and professional manner?..... Yes No

If you answered “Yes” to questions 4, 5, or 6, you must submit a personal statement from yourself and a statement from your health care provider indicating your ability to safely practice nursing. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

AFFIDAVIT

I HEREBY CERTIFY and declare that I am the person referred to in the foregoing application and that the information contained in this application is true and correct to the best of my knowledge and that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a certification to practice as a nurse aide in the State of Alaska. I further understand that if information is provided in the Criminal History Report from the State of Alaska or FBI that I did not report, my certification may be subject to disciplinary action.

NOTARY SEAL

 Applicant’s Signature
 SUBSCRIBED AND SWORN to before me, a notary public, in the State
 of _____, this ____ day of _____, 20____.

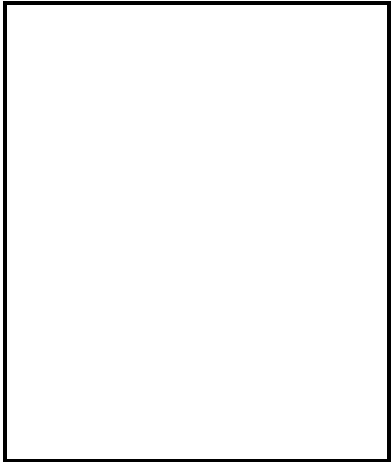
 Notary Public
 My Commission Expires: _____

WARNING: The Alaska Board of Nursing may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a certification to practice as a nurse aide by fraud or deceit. The person may also be subject to criminal charge for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)



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VERIFICATION OF NURSE AIDE TRAINING

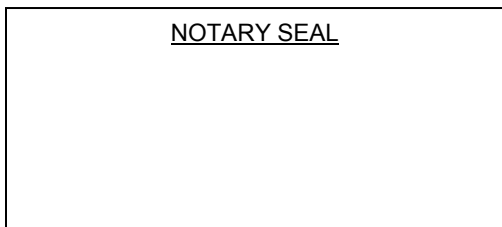
SECTION I: APPLICANT - Complete Section I of this form and mail it or take it to the facility or school where you received your nurse aide training. The facility or school will then mail the completed form directly back to the Board of Nursing, Nurse Aide Registry.

Name:	First	MI	Last
Other Name(s) Used:			
Mailing Address:	Street Address or PO Box	City	State Zip
Social Security #:		Date of Birth:	

SECTION II: TRAINING PROGRAM - The above applicant is applying for certification as a nurse aide in Alaska. Please complete the information (below) and return it directly to the Alaska Board of Nursing, Nurse Aide Registry (address above).

Nurse Aide Training Program:			
Mailing Address:			
	Street Address or PO Box	City	State Zip
Telephone Number:		State Program Approval Number:	
Date Entered (mm/dd/yyyy):		Date Completed (mm/dd/yyyy):	
Hours of Classroom Instruction:		Hours of clinical instruction/skills instruction:	
Nurse Aide Instructor's Name:		RN License Number:	

Nurse Aide Instructor's Signature:	
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SUBSCRIBED AND SWORN to before me, a notary public, in the State
of _____, this ____ day of _____, 20__.

Notary Public

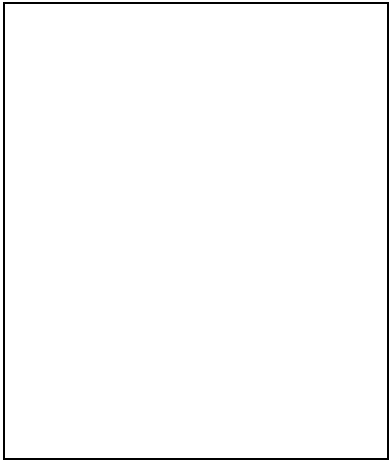
My Commission Expires: _____

(Please mail directly to the Alaska Board of Nursing at the above address.)



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Website: www.nursing.alaska.gov

VERIFICATION OF NURSE AIDE CERTIFICATION

SECTION I: APPLICANT - Complete Section I and mail a copy of this form to the initial and current state of certification. The state agency(ies) will then mail it directly back to the Alaska Board of Nursing, Nurse Aide Registry. (If you are certified in more than one state, please photocopy additional copies of this document.)

Name:	First	MI	Last
Other Name(s) Used:			
Mailing Address:	Street Address or PO Box	City	State Zip
Social Security #:		Date of Birth:	
Last Place of Employment (include Name, City & State):	Name	City	State

(OFFICIAL USE ONLY)

SECTION II: State Agency - The above applicant is applying for certification as a nurse aide in the State of Alaska. Please complete the following information and return it directly to the Alaska Board of Nursing, Nurse Aide Registry at the address above.

Graduate of: <i>(training program)</i>			
Graduation Date:		Program approved by OBRA at time of graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hours of Classroom Instruction:		Hours of Clinical/Skills Instruction:	
Date Certificate Issued:		Certificate Number:	
Certificate Status:	<input type="checkbox"/> Current <input type="checkbox"/> Lapsed	Expiration Date:	
Has the certificate ever been encumbered in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issued by:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Deemed
(If yes, please explain):			

Printed Name:		Signature:		State / Board Seal
Title:		Agency:		
State:		Date:		

(Please mail directly to the Alaska Board of Nursing at the address above.)

Nationwide Nurse Aide Registries

Alabama Certified Nurse Aide Registry
PO Box 303017
Montgomery, AL 36130-3017
Phone: 334.206.5169
NARcorrespondence@adph.state.al.us

Arizona State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3653
Phone: 602.771.7801
www.azbn.gov

Arkansas Nurse Aide - Prometric
7941 Corporate Dr
Nottingham, MD 21236
Phone: 800.818.8917
www.prometric.com/nurseaide/ar

California CNA Certification
PO Box 997416, MS 3301
Sacramento, CA 95899-7416
Phone: 916.327.2445
cna@cdph.ca.gov

Colorado Board of Nursing
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: 303.894.2430
Dora_nursingboard@state.co.us

Connecticut Nurse Aide - Prometric
7941 Corporate Dr.
Nottingham, MD 21236
Phone: 866.499.7485
www.registry.prometric.com/registry/publicCT

Delaware LTC Residents Protection
3 Mill Road, Suite 308
Wilmington, DE 19806
Phone: 302.421.7403
www.dhss.delaware.gov/dhss/dllcrp/cnar_eg.html

District of Columbia Board of Nursing
899 North Capitol Street, NE; Suite 200
Washington, DC 20002
Phone: 877.672.2174
doh.dc.gov/service/certified-nurse-aides-licensing

Florida Certified Nurse Aide Registry
4052 Bald Cypress Way, BIN C-02
Tallahassee, FL 32399-3262
Phone: 850.245.4125
www.floridasnursing.gov

Georgia Dept of Community Health
PO Box 105753 Atlanta, GA 30348
Phone: 800.414.4358
www.mmis.georgia.gov

Hawaii Nurse Aide Program - Prometric
345 Uluniu Street, Suite 308
Kailua, Hawaii 96734
Phone: 808.261.8182"

Idaho Board of Nursing
PO Box 83720 Boise, ID 83720-0061
Phone: 800.748.2480
www.registry.prometric.com/registry/publicID

Illinois Health Care Worker Registry
525 W. Jefferson St
Springfield, IL 62761

Phone: 844.789.3676
Fax: 217.524.0137

Indiana Health Care Registry Services
2 North Meridian Street, Section 4B
Indianapolis, IN 46204
Phone: 317.233.7351
www.in.gov/pla

Iowa Direct Care Worker Registry
321 East 12th Street
Des Moines, IA 50319-0083
Phone: 515.281.4077
www.dia-hfd.state.ia.us

Kansas Occupations Credentialing
612 S Kansas Ave
Topeka, KS 66605
Phone: 785.296.6877
www.ksnurseaidregistry.org

Kentucky Board of Nursing
312 Whittington Parkway, Suite 300-A
Louisville, KY 40222
Phone: 888.530.1919
www.kbn.ky.gov

Louisiana Health Standards Section
PO Box 3767 Baton Rouge, LA 70821
Phone: 225.342.0138
www.dhh.la.gov/CNADSW

Maine Certified Nurse Aide Registry
41 Anthony Ave Augusta, Maine 04333
Phone: 800.383.2441
www.maine.gov/dhhs/mecdc/dlrs/cna/ho_me.html

Maryland Board of Nursing
4140 Patterson Ave
Baltimore, Maryland 21215-2254
Phone: 410.585.1900
www.mbon.maryland.gov/Pages/cna-index.aspx

Massachusetts Nurse Aide Registry
99 Chauncy St, 2nd Floor
Boston, MA 02111
Phone: 617.753.8144
www.mass.gov/eohhs/gov/departments/dph/programs/hcq/nurse-aides

Michigan Community & Health Systems
PO Box 30664 Lansing, MI 48909
Registry Phone: 800.752.4724
www.michigan.gov/lara

Minnesota Nursing Assistant Registry
PO Box 64501 St. Paul, MN 55164
Phone: 651.215.8705
Bonnie.Wendt@state.mn.us

Mississippi Licensure & Certification
PO Box 1700 Jackson, MS 39215
Phone: 601.364.1100
www.msdc.state.ms.us

Missouri Health Education Unit
PO Box 570 (3418 Knipp)
Jefferson City, MO 65102
Phone: 573.526.5686
www.health.mo.gov/safety/cnaregistry

Montana Nurse Aide Registry
PO Box 202953 Helena, MT 59620
Phone: 406.444.4980
cna@mt.gov

Nebraska Public Health, Licensure Unit
PO Box 94986 Lincoln, NE 68509-4986
Phone: 402.471.4969
dhhs.ne.gov/publichealth/pages/cr/CNAHome.aspx

Nevada Health Care Q & C
727 Fairview Dr., Ste E
Carson City, NV 89701
Phone: 775.684.1055
scrance@health.nv.gov

New Hampshire Board of Nursing
121 South Fruit Street, Suite 102
Concord, NH 03301-2431
Phone: 603.271.8282
www.oplc.nh.gov/nursing

New Jersey Program Compliance
PO Box 358 Trenton, NJ 08625-0358
Phone: 866.561.5914
www.njna.psexams.com

New Mexico Nurse Aide Registry
2040 S. Pacheco Street, Suite 237
Santa Fe, New Mexico 87505
Phone: 505.476.9040
www.registry.prometric.com/registry/publicNM

New York - Professional Credentialing
875 Central Ave Albany, NY 12206
Phone: 877.877.1827
www.prometric.com/nurseaide/ny

North Carolina Health Credentialing
2709 Mail Service Center
Raleigh, NC 27699-2709
Phone: 919.855.3969
www.ncnar.org

North Dakota Health Facilities
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200
Phone: 701.328.2353
www.ndhealth.gov/hfr/registry/inquiry_search.aspx

Ohio Information & Operational Support
246 North High St
Columbus, OH 43215-2412
Phone: 614.752.9500
NAR@odh.ohio.gov

Oklahoma Nurse Aide Registry
1000 N.E. 10th Street
Oklahoma City, OK 73117-1299
Phone: 405.271.4085
www.nar.health.ok.gov

Oregon State Board of Nursing
17938 SW Upper Boones Ferry Rd.
Portland, OR 97224
Phone: 971.673.0685
www.oregon.gov/OSBN

Pennsylvania - Pearson VUE
PO Box 13785 Philadelphia, PA 19101
Phone: 800.852.0518

www.pearsonvue.com

Rhode Island - Health Professionals
3 Capitol Hill, Room 105
Providence, RI 02908-5097
Phone: 401.222.5888
www.health.ri.gov

South Carolina - Pearson VUE
PO Box 13785 Philadelphia, PA 19101
Phone: 800.475.8290
scnar@scdhhs.gov

South Dakota Board of Nursing
4305 S Louise Ave, Suite 201
Sioux Falls, SD 57106
Phone: 605.362.3525
Fax: 605.362.2768

Tennessee - Health Care Facilities
665 Main Stream Dr
Nashville, TN 37243
Phone: 615.532.7841
CNA.Health@tn.gov

Texas Health Commission
PO Box 149030, MC: E-414
Austin, TX 78714-9030
Phone: 512.438.2050
www.hhs.texas.gov/doing-business-hhs/licensing-credentialing-regulation/nurse-aide-registry

Utah Nursing Assistant Registry
550 East 300 South Room 2036
Kaysville, UT 84037
Phone: 801.547.9947
www.utahcna.com

Vermont Board of Nursing
89 Main Street, 3rd floor
Montpelier, VT 05620-3402
Phone: 802.828.1503
www.sec.state.vt.us/professional-regulation/list-of-professions/nursing/licensed-nursing-assistants.aspx

Virginia Board of Nursing
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233
Phone: 804.367.4614
www.dhp.virginia.gov

Washington Nurse Aide Registry
PO Box 45600 Olympia, WA 98504
Phone: 360.725.2597
obraregistry@dshs.wa.gov

West Virginia Office of Certification
408 Leon Sullivan Way
Charleston, WV 25301-1713
Phone: 304.558.0050
www.ohflac.wvdhhr.org

Wisconsin - Pearson VUE
PO Box 13785 Philadelphia, PA 19101
Phone: 877.329.8760
www.pearsonvue.com/wi/nurseaides

Wyoming Healthcare Licensing
6101 Yellowstone Rd, Suite 186C
Cheyenne, WY 82002
Phone: 307.777.7123
www.cnaregistry.health.wyo.gov



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FOR DIVISION USE ONLY

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Phone: (907) 269-8160

CREDIT CARD PAYMENT

For security purposes, **do not email** credit card information. Mail this credit card payment form to the division. Completion of this form is not proof of payment until the division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

License Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 05/01/18

Credit Card Payment Form

.....
VISA or Mastercard Number: _____ **Expiration Date:** _____

Billing ZIP Code: _____ **3-Digit Security Code:** _____

This section below the dotted line will be destroyed upon processing of the payment.