

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES  
SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION  
HEALTH OCCUPATIONS CREDENTIALING

## CREDIT CARD AUTHORIZATION FOR VISA OR MASTERCARD

This charge is for: \_\_\_\_\_

Please Print Facility Name / Name of individual for Certification or Licensing

### As payment of fees for:

SELECT APPROPRIATE OPTION

Certification	
Course #: _____	
_____	Certified Nurse Aide
_____	Certified Home Health Aide
_____	Certified Medication Aide
_____	Reschedule State Test
\$ _____	Fee amount paid

Criminal Record Check		
Number of		
names checked:	x \$10.00 per name = \$	Total paid

Licensing		
Credential # _____	_____	Speech-Language Pathology
	_____	Audiology
	_____	Dietitian
	_____	Adult Care Home Administrator
	_____	Operator Registration
\$ _____	Fee	amount paid

*Credit Card company service fee of 3.04% will be added to the total*

VISA Card number (required) \_\_\_\_\_

Expiration Date (required) \_\_\_\_\_

OR

MASTERCARD Number (required) \_\_\_\_\_

Expiration Date (required) \_\_\_\_\_

\_\_\_\_\_  
Name of Cardholder (required)

\_\_\_\_\_  
Signature (required)

FOR OFFICE USE ONLY:

AMOUNT \_\_\_\_\_

SERVICE FEE \_\_\_\_\_

TOTAL CHARGED \_\_\_\_\_