

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES  
 SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION  
 HEALTH OCCUPATIONS CREDENTIALING  
 CREDIT CARD AUTHORIZATION FOR VISA OR MASTERCARD

NAME OF INDIVIDUAL: \_\_\_\_\_

Please Print

As payment of fees for:

Certification CNA/CMA/HHA ONLY
Course # _____
_____ Certified Nurse Aide
_____ Interstate
_____ Certified Home Health Aide
_____ Certified Medication Aide
_____ CMA Renewal
_____ Reschedule State Test
_____ Allied
Fee amount paid _____

Licensing - SLP, Audiology, Diet, Admin, Operator	
Circle Type to Select	enter credential number if known or X if new
Temporary	
Initial/Full	_____ Speech Language Pathologist
Reciprocal	_____ Audiologist
Renewal	_____ Dietitian
Reinstatement	_____ Adult Care Home Administrator
	_____ Operator Registration
\$	Fee amount paid _____

**FACILITY USE ONLY**

**FACILITY NAME AND ID FOR CRC:** \_\_\_\_\_

Criminal Record Check Facility Use Only
Number of names checked: _____
\$10.00 per name _____
Total Paid \$ _____

VISA OR MASTERCARD NUMBER: \_\_\_\_\_ EXPIRATION \_\_\_\_/\_\_\_\_

PRINTED NAME OF CARD HOLDER (REQUIRED)

AUTHORIZED SIGNATURE (REQUIRED)

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

FOR OFFICE USE ONLY:		
AMOUNT: _____	SERVICE FEE: _____	TOTAL CHARGED _____