***National Council of Certified Dementia Practitioners: DO NOT EMAIL THIS FORM. RETURN BOTH PAGES***

***Credit Card Authorization Form***

Please fax (**DO NOT EMAIL**) to 1-973-860-2244 **Questions please call 1.973.729.6601 or nccdpcorporate@nccdp.org**

Please fill out the form and sign if you wish to charge the full amount to your credit card.

Type of Card: Circle One: Visa Master Card American Express Discover

Name as it appears on the card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CSV: \_\_\_\_\_\_\_\_ Billing Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Email address of person who requires the receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who or what is this charge for**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your name, email address and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Amount to Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is this charge for? Check all that apply:**

Individual- CDP Certification 125.00 pp \_\_\_ CADDCT Certification $150.00 pp \_\_\_\_ CDCM $150.00 pp \_\_\_\_\_ CFRDT: 125.00 pp \_\_\_\_

CDSGF 125.00 PP \_\_\_

Late Fee $35.00 pp \_\_\_\_ Corporate Group Shipping Fee:$30.00\_\_\_\_ (If mailing certifications)

ALL Renewals are emailed. FOR A HARD COPY OF A RENEWAL CERTIFICAITON THE ADDITIONAL FEE IS 50.00 PP

**Corporate Group Discounts: CDP Certification Rate $35.00 pp \_\_\_ Corporate Group CDP Certification Renewal Rate $35.00 pp \_\_\_**

**For corporations paying for renewals, note the renewals are emailed to the individual. If you are requesting a hard copy there is an additional $50.00 pp fee. THERE IS NO CORPORATE DISCOUNT FOR RENEWAL OF CADDCT, CDCM OR CFRDT**

(CDP GROUP DISCOUNT ONLY APPLIES IF THE CORPORATION IS PAYING FOR A GROUP (3 or more EMPLOYEES) and where training ***took place at the corporation***. New certifications are mailed to the corporate contact for distribution: Please include a cover letter with your group of CDP applications stating name and address OF WHOM we are shipping new certifications to for distribution.

-Email copy of **renewal** certification -no extra shipping fee: \_\_\_\_\_\_\_\_ Certification will be **emailed to the employee,** unless otherwise indicated.

Email Address if you are requesting a copy of the renewal certifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

-Mail Certification Hard Copy. Processing time is 4 to 6 weeks. Additional fee $50.00 pp: check here and enter amount \_\_\_\_\_\_\_\_\_\_\_

What address and to whose attention are we mailing the certifications to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply and indicate quantity if more than one: Corporate membership $450.00 \_\_\_\_\_ Associate Member $100.00 \_\_\_

Name of Corporation, web address and email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Associate and email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seminars: ADDC Seminar 185.00 pp: \_\_\_\_ CADDCT Seminar pp 2800.00 pp \_\_\_\_\_\_CADDCT Early Registration $2500.00 pp \_\_\_\_\_\_\_\_\_\_\_

CDCM Seminar $595.00 pp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CFRDT $500 pp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CFR-DT 25.00 pp \_\_\_\_\_\_\_\_\_\_\_\_\_

CDP Pin 12.00 pp: \_\_\_\_ Number of pins: \_\_\_\_\_\_

For student handout notebooks trainers are to order extra copies through the NCCDP Instructor site.

Total Number of Instructor ADDC Curriculum Power Points **downloads**- Replacement- $450.00 \_\_\_\_\_ The download will be emailed to the CADDCT. Only the CADDCT trainer may order one copy and curriculum **may not** be duplicated or distributed in any format. The CADDCT must be in good standing to order. CADDCT Instructor Number: \_\_\_\_\_\_\_\_\_\_ Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If multiple trainers please include their names on company letter head and attach to this form.

Check One: English version: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spanish version: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Instructor Notebooks $450.00 Ea:\_\_\_\_\_\_\_\_\_ The notebooks will be mailed to CADDCT. Only the CADDCT trainer may order one copy and curriculum **may not** be duplicated or distributed in any format. The CADDCT must be in good standing to order. CADDCT Instructor Number: \_\_\_\_\_\_\_\_\_\_ Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If multiple trainers please include their names on company letter head and attach to this form. Check One: English \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spanish \_\_\_\_\_\_\_\_\_\_\_\_

Total Number of **CDCM Replacement Manuals replacement-** $450.00: \_\_\_\_\_ The CDCM must be in good standing as a CDCM and may only order one replacement copy. This is a hard copy which will be mailed directly to the CDCM and the CDCM manual **may not** be copied nor distributed in using any format. What is your CDCM Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CDCM Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby give permission to charge my card in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of the person authorizing this charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Your email address for receipt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You can also mail this form to and pay by cc, money order or check. Payable to the NCCDP**

**NCCDP 1 A Main Street Suite 8 Sparta NJ 07871 USA or FAX 19738602244. Do not email this form.**

**Attention corporations: Please complete: If the corporation is paying for the employees group certification renewals, the new certification will be emailed to the employees personal email address unless you indicate otherwise.**

**Are we emailing the renewal certifications to each employee? Yes \_\_\_\_ No\_\_\_\_**

**If no, where are we emailing the renewal certifications to for distribution?**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**