



National Board Review Group Payment Form

To complete this form, **every student MUST have an ADHA ID number**. This is their account identifier and how they receive personal access to the CE Smart Learning Center. ADHA student members will already have an ADHA ID number. If you are registering non-members, please see the instructions located at <https://www.adha.org/education-resources/national-board-review/> to have them create a free ADHA account.

Submit this completed form along with payment to education@adha.net or mail to 444 N. Michigan Ave. Suite 400, Chicago, IL 60611. If more space is needed to list all students, please attach an additional page.

Program Information

DH Program Name	Student Advisor Name	Contact Email
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Student Information Are all students ADHA members? Yes No
(if yes, you do not need to complete the member column below)

	Student Name	ADHA ID #	ADHA Member	
1.			Yes	No
2.			Yes	No
3.			Yes	No
4.			Yes	No
5.			Yes	No
6.			Yes	No
7.			Yes	No
8.			Yes	No
9.			Yes	No
10.			Yes	No
11.			Yes	No
12.			Yes	No
13.			Yes	No
14.			Yes	No
15.			Yes	No
16.			Yes	No
17.			Yes	No
18.			Yes	No

19.			Yes	No
20.			Yes	No
21.			Yes	No
22.			Yes	No
23.			Yes	No
24.			Yes	No
25.			Yes	No
26.			Yes	No
27.			Yes	No
28.			Yes	No
29.			Yes	No
30.			Yes	No
31.			Yes	No
32.			Yes	No
33.			Yes	No
34.			Yes	No
35.			Yes	No
36.			Yes	No
37.			Yes	No
38.			Yes	No
39.			Yes	No
40.			Yes	No

Total Course Enrollments

_____ Active student members x \$109 = \$_____ _____ Non-Members x \$159 = \$_____

Total Amount Due: \$_____

Payment Information

Paying by Check
 Check # _____

Paying by Credit Card
 Type of Credit Card: Visa Mastercard American Express Discover

Credit Card Number

Name on card

Expiration Date