

Payment Information

A nonrefundable application fee of \$1200 (domestic*) and \$1500 (international**) is required per laboratory/facility to initiate the application process. The application fee may be waived if CAP accreditation checklists have been purchased within the past six months. If you are applying for multiple accreditation programs and/or multiple CLIA numbers, satellites, clinics, or special-functions laboratories, please submit a separate Application Request Form and fee for each program or site being accredited.

Total Payment \$.

Payment Options (choose one):

Check

Check Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Credit Card

Card Number

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Expiration Date

<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>
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Print Cardholder's Name

Cardholder's Signature

* Includes US, Canada, Puerto Rico, and Guam

** Does **not** include Canada, Puerto Rico, and Guam

Wire Transfer

Include Institution Name and state; "Accreditation Application fee" when remitting payment. Please include all bank fees with your payment. Notify the CAP at arcap@cap.org upon completion of the transfer.

Remit wire transfer payment to:

BMO Harris Bank
111 West Monroe Street
Chicago, IL 60606, USA
Phone: 312-461-2121

ABA Number: 071000288
Account Number: 2237337
SWIFT#:HATRUS44

Accreditation Checklist has been purchased

Order # _____

Submit this Form by one of these methods:

If payment method is credit card or wire transfer, email form to Customer Data Management (CDM) at:

Email: cdm@cap.org

If you are submitting your payment by check please mail the form and check to:

College of American Pathologists
325 Waukegan Road
Northfield, IL 60093-2750

For more information, please call the CAP at 1-800-323-4040, option 1 (domestic), or 847-832-7000 (Country code 001), option 1 for international.



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