



National Association of Rural Health Clinics  
**CRHCP Maintenance Fee Registration Form**

*A maintenance payment is due every 2 years to maintain your CRHCP certification.*

RHC/Organization Name \_\_\_\_\_ PB Ind Non-RHC  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Work Phone \_\_\_\_\_ CMS/PTAN \_\_\_\_\_

**Maintenance Fee**      \$75      \$ \_\_\_\_\_

Method of Payment: (Check One)    Check     Credit Card   
 Credit Card # \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Amount \_\_\_\_\_  
 Card Billing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Billing Confirmation Email \_\_\_\_\_

**SAVE this form to your computer, then email, or mail it to us!**

We will email you a payment confirmation within 1-2 business days. If you **do not** receive a confirmation, please call us.

**Registrant Details**

Please fill out one form per participant

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
 Phone (work) \_\_\_\_\_ Phone (cell) \_\_\_\_\_ Email \_\_\_\_\_

**If you have not already registered and attended a NARHC Conference this year, please sign up to attend either the NARHC Virtual Spring Institute (April 2021) or NARHC Fall Institute in Kentucky (October 2021)**

Please email [academy@narhc.org](mailto:academy@narhc.org) if you need an invoice

Mail to: NARHC, 2 East Main Street, Fremont, MI 49412  
 (P) 866-306-1961x2 | [academy@narhc.org](mailto:academy@narhc.org)