

## Payment Reference Form

Please print this information sheet and take it to the UH Cashier's Office with your payment. You must save the receipt from the UH Cashiers Office to upload on to your research credentialing application. Applications without receipts will not be processed and any lost receipts will not be replaced. Please note that this fee is non-refundable.

For any questions regarding the Payment Reference Sheet, please contact [UHresearchcredentialing@uhhospitals.org](mailto:UHresearchcredentialing@uhhospitals.org).

### Cashier's Office

The Cashier's Office is located in the Humphrey Building, first floor, room 1629, near Pre-Admission Testing.  
Hours: 9:00 a.m. – 4:00 p.m. Monday – Friday

### Applicant Information

*Please fill in the information below.*

Last Name:

Date:

First Name:

Phone Number:

Initial Application (\$150.00):

Renewal Application: (\$100.00)

### Payment Reference

*Please fill in the information below.*

**Research Credentialing - \_\_\_\_\_ 100 0000 10069 000 00000 0000 000 000 0000**  
**(Applicant's Last Name)**