



**REQUEST FOR
REISSUED ORIGINAL CERTIFICATE OF LICENSURE**

**** Wallet Cards Are No Longer Issued ****

NAME: _____
(TYPE or Print) (Last) (First) (Middle) (Maiden)

ADDRESS: _____
(Street) (City) (State) (Zip)

Primary State of Residence: _____

License Number *and/or* Social Security Number: _____

**\$20 Fee for EACH Reissued Original Certificate
By Check or Money Order Only
Cash is NOT Accepted**

ORIGINAL CERTIFICATE OF LICENSURE

Check all licenses that apply:

ARNP RN LPN

REASON FOR REISSUED REQUEST

- Lost, Stolen or Destroyed
 - Name Change
 - Did not receive the certificate, however it is over 60 days of the issue date
 - Did not receive the certificate and it is within 60 days of the issue date (**No Fee**)
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I affirm the above stated original certificate of licensure has not been given to or sold to any person and I am the person to whom it was issued. I am aware that if at any time it is disclosed that my request contains any willful misrepresentation or falsification, it shall result in Board disciplinary action.

Licensee's Signature: _____ Date: _____