



**REQUEST FOR REISSUED
ORIGINAL CERTIFICATE OF LICENSURE**

*** The certificate is not the wallet card, which 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
Paid By Check or Money Order Only**

Cash is NOT Accepted

Check All Licenses That Apply:

ARNP RN LPN

REASON FOR REISSUED REQUEST

- Lost, Stolen or Destroyed
 - Name Change
 - Did not receive, and it is over 60 days of the certificate (not wallet card) issue date
 - Did not receive, and it is within 60 days of the certificate (not wallet card) 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: _____