MINNESOTA BOARD OF PHYSICAL THERAPY

University Park Plaza, 2829 University Avenue SE, Suite 420, Minneapolis, MN 55414-3245
Telephone 612-627-5406 Fax 612-627-5403
MN Relay Service for Hearing Impaired 800-627-3529

REQUEST FOR REPLACEMENT OF LICENSURE CARDS OR WALL CERTIFICATE

Instructions:

1. Complete all sections of this form by printing or typing.
2. This form must be notarized.
3. The fee for a new wall certificate (8 ½" x11") is $20.00. The fee for a new annual renewal cards is $20.00.
4. Duplicate renewal cards or wall certificates will not be generated after a name or address change without this request form and the fees.
5. Credit cards cannot be accepted. Make checks payable to Minnesota Board of Physical Therapy.

Minnesota PT or PTA License Number:	Social Security Number (*Required*):	
I am requesting a new wall certificate. The cost is $20.00 Yes ☐ No ☐	I am requesting new annual renewal license cards. The cost is $20.00. Yes ☐ No ☐	
Full Legal Name:		
Address:		
City:	State:	Zip Code:
Reason you are requesting a replacement document: (ex: Lost, stolen, marriage, etc.)		

To be completed before a Notary Public:

Signature of Licensee: _____

Sworn to and signed before me this _____

day of _____ , 20 _____

SEAL OF
NOTARY PUBLIC

_____
Signature of Notary Public:

My Commission Expires:_____

FOR BOARD USE ONLY
Check #_____
Amount $_____
SC 641907 Deposit #_____