
REQUEST FOR REPLACEMENT OF ANNUAL LICENSE CARD OR WALL CERTIFICATE
All replacement documents will be marked "DUPLICATE"

Identification

Last Name _____
First Name _____
Middle Name _____
Street _____
City _____ State _____ Zip Code _____ Country _____
Date of Birth _____ Social Security # _____ Phone Number _____

License Type

____ Acupuncturist - License # _____
____ Athletic Trainer - Registration # _____
____ Genetic Counselor – License # _____
____ Naturopathic Doctor - Registration # _____
____ Physician - License # _____
____ Physician Assistant - License # _____
____ Professional Firm – Registration # _____
____ Respiratory Therapist - License # _____
____ Telemedicine - Registration # _____
____ Traditional Midwife - License # _____

____ I am requesting a new annual license card. The fee is \$20.

____ I am requesting a new wall certificate. The fee is \$20.

Reason you are requesting a replacement: (lost, stolen, marriage, etc.)

Licensee Signature _____ Date (mm/dd/yyyy) _____

Return the completed form and **fee(s)**. Make check payable to the **Minnesota Board of Medical Practice**. Credit cards cannot be accepted.

Minnesota Board of Medical Practice
Licensure Unit
335 Randolph Avenue, Suite 140, St. Paul, MN 55102