

(478) 207-2440

**SECRETARY OF STATE**  
**Professional Licensing Boards Division**  
**Healthcare II**  
**237 Coliseum Drive, Macon, GA 31217**

(Fax) 866-888-1308

**ORDER FORM FOR A DUPLICATE LICENSE POCKET CARD OR  
VERIFICATION OF A LICENSE TO ANOTHER STATE**

To request a duplicate license card or verification, please complete the following application and enclose a check or money order in the amount of **\$25.00** made payable to the Professional Licensing Boards and submit to the address listed above. **\*Note: IF YOU ARE REQUESTING A DUPLICATE LICENSE DUE TO A NAME CHANGE, YOU MUST ALSO COMPLETE A NAME CHANGE REQUEST FORM.** There is NO CHARGE to change a name on a license.

Instructions for Completing Application  
**PLEASE** read the following instructions carefully to prevent processing delays.

**For New License Card or a Verification of License, you must submit this form with check or money order (\$25 Fee) to the address noted above.**

Duplicate License Pocket Card

Verification of License

**Profession:** \_\_\_\_\_

**GA License #** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Last) (First) (Middle) (Maiden Optional)

**Physical Address:** \_\_\_\_\_  
(Street Only – NO P.O. Box # Accepted)  
\_\_\_\_\_  
(City) (State) (Zip)

**Mailing Address:** \_\_\_\_\_  
(Street or P.O. Box – This address will appear on the public listing of your license)  
\_\_\_\_\_  
(City) (State) (Zip)

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Phone #:** (\_\_\_\_\_) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_  
(Please PRINT Clearly)

**For Verification of license requests, please indicate where verification should be mailed or emailed if different from above:**

\_\_\_\_\_  
(Name or Agency Name)

\_\_\_\_\_  
(Mailing Address or email address)

\_\_\_\_\_  
(City) (State) (Zip)

Signature: \_\_\_\_\_