Secretary of State
Professional Licensing Boards Division
Georgia Board of Nursing
237 Coliseum Drive
Macon, GA 31217

(478) 207-2440

(Fax) 877-371-5712

ORDER FORM

DECORATIVE WALL CERTIFICATE
FOR
ADVANCE PRACTICE REGISTERED NURSES - APRN

- Complete print/type form below – your name will be printed on the wall certificate the same as on your pocket-card license.
- Please complete the following form and enclose a check or money order in the amount of **$50.00** (non-refundable) made payable to the Georgia Board of Nursing and mail to the address listed above.
- Please do not submit this form and check until you are in receipt of your license.
- Type or print clearly.

Profession:

☐ Advanced Practice - CRNA ☐ Advanced Practice - NP ☐ Advanced Practice - CNS

☐ Advanced Practice - CNM ☐ Advanced Practice – CNS/PMH

License #: _____

Name of licensee: _____
(Please print CLEARLY)

Mailing Address: _____
(Street or PO Box)

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(City) (State) (Zip)

Phone #: (_____)_____

PLEASE ALLOW 6-8 WEEKS FOR PROCESSING

FOR BOARD USE ONLY

FEE AMOUNT: _____ DATE ORDERED: _____
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DATE DEP.: _____ DATE MAILED: _____