

1(844) 753-7825

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

Instructions for Completing Application

- 1) **PLEASE** read this form carefully and complete it in its entirety to prevent processing delays.
- 2) Once the form is complete, submit it along with a check or money order in the amount of **\$25.00** made payable to the **Professional Licensing Boards Division** at the address noted above.
- 3) **If you are requesting a duplicate license due to a name change, you must also complete a NAME AND ADDRESS CHANGE REQUEST FORM which can be found in the Application/Form Downloads section of the board website. There is NO CHARGE to change a name or any of the addresses associated with a license.**
- 4) The New License Card will be mailed to the mailing address provided below. If the mailing address is the same as the physical address, please put the word "**SAME**" on the mailing address line.

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)

Please note that licensees are required to notify the licensing board within thirty (30) days of a change of address. If any of the addresses provided above are different from that which is on record with the Board, you must complete a NAME AND ADDRESS CHANGE REQUEST FORM.

By signing below, I attest that the information provided on this document is true and correct.

Signature: _____ Date: _____