

GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

2 Peachtree Street, N.W., - 36th Floor
Atlanta, Georgia 30303
(404) 656-3913 main number; (404) 656-9723 (fax)
www.medicalboard.state.ga.us

DUPLICATE IDENTIFICATION CARD ORDER FORM

INSTRUCTIONS:

- Type or print clearly.**
- Complete all information requested.**
- Attach check or money order for \$10.00 made payable to: CSBME**

CHECK CATEGORY:

- | | |
|---|---|
| <input type="checkbox"/> MD, DO. | <input type="checkbox"/> Clinical Perfusionist |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Acupuncturist |
| <input type="checkbox"/> Respiratory Care Professional | <input type="checkbox"/> Residency Training |

LICENSE/CERTIFICATE NUMBER: _____ **DATE ISSUED:** _____

I hereby apply for a Duplicate Identification Card and enclose the fee of \$10.00. The circumstances regarding the loss or destruction of my original identification card are as follows:

Type or Print Name (as you would like for it to appear)

Type or Print Address

City State Zip Code

Daytime telephone number

e-mail address

Signature

Date