

Name _____
Ohio License No.: _____
Address: _____

AFFIDAVIT

SS STATE OF
COUNTY OF

On this _____ day of _____, 200____, personally appeared before me a Notary Public,
within and for the county and state aforesaid, _____ who being duly sworn
name of licensee

says that he/she is the person referred to in the request for a duplicate wall certificate indicating eligibility to
practice _____
branch of practice (i.e., medicine and surgery, massage, cosmetic therapy, etc.)

in the State of Ohio. Said affiant further states that the reason for requesting a duplicate wall certification is as follows:

Affiant further states that the statement herein contained is strictly true in every respect; that
he/she is the person named in the original wall certificate and was the lawful possessor of the original
wall certificate and that if his/her wall certificate has been lost and is later found, he/she will return
the original wall certificate to the State Medical Board.

NAME AS YOU PREFER
IT INSCRIBED ON YOUR
IDENTIFICATION CARD

LAST FIRST MIDDLE SUFFIX(JR.II)

Subscribed and sworn to before me this _____ day of _____, 200____.

(NOTARY SEAL)

Notary Public Signature

Date Commission Expires