

Affidavit Form

Name on Current License: _____
Ohio License Number: _____
Branch of Practice: _____
Current Mailing Address: _____

Email Address: _____

Check Box if New Information

I, _____, am requesting a replacement duplicate identification card:
(Name of Licensee/Affiant)

- Name Change Only - No Fee (include a copy of legal name change document)
- Wall Certificate – Fee \$35 (fee payable to the Ohio Treasurer - check or money order only)

For the following reason (i.e., lost, stolen, damaged, name change, etc.): _____

NAME AS IT SHOULD APPEAR ON YOUR IDENTIFICATION CARD:

LAST	FIRST	MIDDLE	SUFFIX (JR/SR)
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Affiant further states that the statement herein contained is strictly true in every respect; that he/she is the person named in the original identification card and was the lawful possessor of the original identification card; and that if his/her identification card has been lost and is later found, he/she will return the original identification card to the State Medical Board of Ohio at 30 E. Broad Street, Columbus, Ohio 43215-6127, ATTN: Records Department.

I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

Signature	Date
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STATE OF _____
COUNTY OF _____

I, the undersigned Notary Public, do hereby affirm that _____, personally appeared before me on the ___ day of _____, 20 ____, and signed and sworn the above Affidavit of free act and deed.

Notary Signature
Printed Name and Commission Expiration/ Stamp

(NOTARY SEAL)

Please return this completed form, applicable fee and documentation to the Records Department at the address on this letterhead