

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 identification card indicating
eligibility to practice _____ in
. branch of practice (i.e., medicine and surgery, massage, cosmetic therapy, etc.)
the State of Ohio. Said affiant further states that the reason for requesting a duplicate identification card 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 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.

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

Signature of Applicant Date