## Order Form Decorative License Certificate (Non-Physician) Georgia Composite Medical Board 2 Peachtree Street, NW, 6th Floor Atlanta, GA 30303

## Return this completed form with the required fee to the address above:

Complete (print/type) form below. Your name will be printed on the wall certificate exactly as it is printed on your wallet identification card.

Submit this form with your payment of **\$25** per certificate by personal check, money order or cashiers check made payable to the <u>Georgia Composite Medical Board</u>. *Please allow 10 business days for delivery*.

Do not submit this order until you have received your wallet license card.

| Name:   | License No.:                         |
|---|--------------------------------------|
| Is this a new or corrected name? Yes              | s No                                 |
| Quantity ordered (\$25 each): Amount enclosed: \$ |                                      |
| License type (select only one type):              |                                      |
| Acupuncturist                                     |                                      |
| Clinical Perfusionist                             |                                      |
| Cosmetic Laser Practitioner                       |                                      |
| Genetic Counselor                                 |                                      |
| Orthotist   |                                      |
| Prosthetist                                       |                                      |
| Orthotist/Prosthetist Dual                        |                                      |
| Physician Assistant (including Anesthes           | siologist Assistant)                 |
| Respiratory Care Professional                     |                                      |
| Pain Management Clinic                            |                                      |
| Is this a new or corrected mailing address?       | YesNo                                |
| Mailing Address:                                  |                                      |
|   | ldress, including suite/unit number) |
| City  | State Zip                            |
| email address:                                    | Telephone number:                    |

Note: Wall certificates are signed at the monthly Board meeting. Therefore, pleasee allow up to six weeks for delivery.

Revised: 4/6/2021