

GEORGIA COMPOSITE MEDICAL BOARD

2 Peachtree Street, N.W., - 36th Floor

Atlanta Georgia 30303

(404) 656-3913 (Phone); (404) 656-9723 (Fax)

Website address: www.medicalboard.georgia.gov

Email address: medbd@dch.ga.gov

DUPLICATE IDENTIFICATION CARD ORDER FORM

INSTRUCTIONS:

Complete all information requested. Type or print clearly.

Attach check or money order for \$25.00 made payable to: **GCMB**

CHECK CATEGORY:

Physicians (MD & DO) _____ Clinical Perfusionist _____ Physician's Assistant _____

Acupuncturist _____ Respiratory Care Professional _____ Auricular Detox. Tech. _____

Residency Training _____ Orthotist _____ Prosthetist _____

Orthotist & Prosthetist _____

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

I hereby apply for Duplicate Identification Card and enclose the fee of \$25.00. 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

Daytime Telephone Number

Email address

Signature

Date