

IDAHO STATE BOARD OF MEDICINE
1755 Westgate Drive, Suite 140
Boise, Idaho 83704

BOARD USE ONLY	
Receipt #	_____
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Date Issued	_____

LOST, DESTROYED, OR INVALID LICENSE APPLICATION

INSTRUCTIONS

The fee of \$10.60 together with this completed application must be submitted to the Board, for issuance of a certified copy or duplicate of a lost, destroyed, or invalid certificate, license or permit. (NOTE: The affidavit will not be processed unless the required fee is enclosed. If the fee is waived after review of this application, it will be refunded in its entirety.)

I, _____, being first duly sworn deposes and affirms
please print or type full name of licensee
that I am the legal and lawful owner of license, certificate, or permit number _____.
complete license number

Said license, certificate, or permit entitles me to practice

please print or type profession
in the State of Idaho in accordance with the applicable laws and rules of the regulatory board governing that profession. The original license, certificate, or permit identified above has either been lost or destroyed, or does not bear my legal name, or does not bear my current address.

I hereby make application for the issuance of a certified duplicate or replacement of said license, certificate, or permit by the State of Idaho, Department of Self- Governing Agencies, State Board of Medicine, in accordance with applicable laws and rules.

The original document identified above is not in my possession, or is invalid because: (please print or type the facts surrounding the loss, destruction, or invalidity of the license, certificate, or permit in question. If you are requesting a replacement, due to a name change, a completed Name Change Affidavit must be on record with the Bureau, and all original licenses, certificates, or permits must accompany this application.)

Signature of Applicant (must be notarized below)

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
My commission expires _____