

OREGON MEDICAL BOARD
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Portland, OR 97201-5847
Phone (971) 673-2700
Fax (971) 673-2672
www.oregon.gov/omb

Request for Duplicate Certificate of Registration

Date: _____

Name _____ License # _____
(Last) (First) (M.I.)

Please issue me a duplicate certificate, _____
(signature)

Current mailing address I want listed with the Board is: (this address will print on your certificate)
Mailing addresses are public information.

Phone _____
BUSINESS **RESIDENCE** **OTHER**

Please mail certificate to the above address :
or to the address below:

Please note: If you have other addresses that need to be updated, you will need to complete an address change form.

Cert Ord _____

Mailed _____