

**OREGON MEDICAL BOARD**  
1500 SW 1st Avenue, #620  
Portland, OR 97201-5847  
Phone (971) 673-2700  
Fax (971) 673-2672  
[www.oregon.gov/omb](http://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 \_\_\_\_\_